

7002 2030 0004 5245 6587

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

| | | |
|---|----|------------------|
| Postage | \$ | Postmark Here |
| Certified Fee | | |
| Return Receipt Fee (Endorsement Required) | | |
| Restricted Delivery Fee (Endorsement Required) | | |
| Total Postage & Fees | \$ | |

Sent To *CT03-121-123*
Mr. Les Sumption, S & S Comm.
Street, Apt. No.,
or PO Box No. *125 Railroad Ave SE*
City, State, ZIP+4®
Aberdeen, SD 57401

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Mr. Les Sumption
S & S Comm.
125 Railroad Ave SE
Aberdeen, SD
57401

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Laurie* Agent
X Addressee
B. Received by (Printed Name)
C. Date of Delivery *7-28-03*

D. Is delivery address different from item 1? ☒ Yes
If YES, enter delivery address below: ☐ No

3. Service Type *CT03-121-123*
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☒ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

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