

7002 2030 0004 5245 6594

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

Postmark
Here

CT03-124

Sent To
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)

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PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [Signature] Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

7-29-03

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

3. Service Type

Certified Mail Express Mail *CT03-124*
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes