

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 CT03-125-127

The Les Sumption S & Comm
 Street, Apt. No.,
 or PO Box No. *125 Railroad Ave SE*
 City, State, ZIP *Abbeville, 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:

*The Les Sumption
 S & Comm.
 125 Railroad Ave SE
 Abbeville, SD
 57401*

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

[Signature]

B. Received by (Printed Name) C. Date of Delivery

[Name] *8-4-03*

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

3. Service Type *CT03-125-127*

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes