

7002 2030 0004 5245 6631

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE

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

CT03-130
 To: Mr. Les Sumption, S & L 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 & L Comm.
 125 Railroad Ave SE
 Aberdeen, SD
 57401

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* Agent Addressee

B. Received by (Printed Name) *Mr. Les Sumption* C. Date of Delivery *8-26-03*

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

3. Service Type *CT03-130*
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7002 2030 0004 5245 6631**