

7002 2030 0004 5245 6440

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 \$	RECEIVED
Certified Fee	SEP 12 2003
Return Receipt Fee (Endorsement Required)	SOUTH DAKOTA PUBLIC UTILITIES COMMISSION
Restricted Delivery Fee (Endorsement Required)	CT 03-142-141
Total Postage & Fee	MR LES SUMPTION
Sent To	S&S COMMUNICATIONS
Street, Apt. No., or PO Box No.	125 RAILROAD AVENUE SE
City, State, ZIP+4	ABERDEEN SD 57401
PS Form 3800, June 2002 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	A. Signature X <i>Mr. Les Sumption</i>
1. Article Addressed to: MR LES SUMPTION S&S COMMUNICATIONS 125 RAILROAD AVENUE SE ABERDEEN SD 57401	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) <i>Mr. Les Sumption</i>
	C. Date of Delivery SEP 18 2003
	D. Is delivery address different from item 1? If YES, enter delivery address below:
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Article Number (Transfer from service li	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
PS Form 3811, August 2001	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

