

7002 2030 0004 5245 6716

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$	<b>RECEIVED</b> <b>SEP 15 2003</b> POST OFFICE SOUTH DAKOTA PUBLIC ASSOCIATION 6703-142-144
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To **MR LES SUMPTION**  
 Street, Apt. N or PO Box No **S&S COMMUNICATIONS**  
 City, State, Zi **125 RAILROAD AVENUE SE**  
**ABERDEEN SD 57401**

PS Form 3801 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 COMMUNICATIONS**  
**125 RAILROAD AVENUE SE**  
**ABERDEEN SD 57401**

*CT03-142, 143, 144*

**COMPLETE THIS SECTION ON DELIVERY**

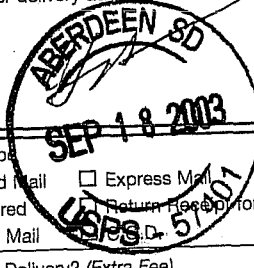
A. Signature  Agent  
 Addressee  
*X [Signature]*

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

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

3. Service Type  Express Mail  
 Certified Mail  Registered  Insured Mail  
 Return Receipt for Merchandise

4. Restricted Delivery? (Extra Fee)  Yes



2. Article Number  
 (Transfer from service label)

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