

6433 6433 5245 5245 0004 0004 2030 2030 7002 7002

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

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OFFICIAL USE
RECEIVED

Postage \$	
Certified Fee	SEP 16 2003
Return Receipt Fee (Endorsement Required)	Postmark: SOUTH DAKOTA PUBLIC UTILITIES COMMISSION
Restricted Delivery Fee (Endorsement Required)	
Total Post	
Sent To	MR LES SUMPTION <i>CT63-145</i>
Street, Apt. 1 or PO Box N	S&S COMMUNICATIONS
City, State, Z	125 RAILROAD AVENUE SE
	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. 	<p>A. Signature <i>X [Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Mrs Sumption</i></p> <p>C. Date of Delivery SEP 16 2003</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>MR LES SUMPTION S&S COMMUNICATIONS 125 RAILROAD AVENUE SE ABERDEEN SD 57401</p> <p><i>CT63-145</i></p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7002 2030 0004 5245 6433</p>

