

7002 2030 0004 5245 6761

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Postmark Here

Sent to *Les Sumption, S & S Comm*
Street, Apt. No., or PO Box No. *125 Railroad Ave SE*
City, State, ZIP+4[®] *Abbeville SC 29521*

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 <i>X Les Sumption</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	B. Received by (Printed Name) <i>Les Sumption</i> C. Date of Delivery <i>OCT - 9 2003</i>
1. Article Addressed to: <i>Mr Les Sumption S & S Comm. 125 Railroad Ave SE Abbeville, SC 29521</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below. <input type="checkbox"/> No
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

2. Article Number
(Transfer from service label) **7002 2030 0004 5245 6761**

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540