

7002 2030 0004 5245 6778

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

Postmark  
Here

CT03-152

Sent to  
*Les Sumption, S+S Comm.*  
 Street, Apt. No. or PO Box No. *125 Railroad Ave SE*  
 City, State, ZIP+4 *Abbeville, 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+S Comm.  
 125 Railroad Ave SE  
 Abbeville, SD  
 57401*

2. Article Number  
 (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*X [Signature]*

Agent  
 Addressee

B. Received by (Printed Name)

*Les Sumption*

C. Date of Delivery

**OCT - 9 2003**

D. Is delivery address different from that on the envelope?  Yes  
 If YES, enter delivery address below:  No

3. Service Type

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

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