

7002 2030 0004 5245 6792

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

CT03-156

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
X [Signature]

B. Received by (Printed Name) *Les Sumption* C. Date of Delivery *11-25-03*

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

3. Service Type *CT03-156*
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7002 2030 0004 5245 6792**