

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

9849 5425 4000 0002 2002 7002

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

6-23-03
 CT03-049-061
 Postmark Here

Total Postage \$

Sent To
 MR LES SUMPTION
 S&S COMMUNICATIONS
 125 RAILROAD AVENUE SE
 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&S COMMUNICATIONS
 125 RAILROAD AVENUE SE
 ABERDEEN SD 57401

2. Article Number
 (Transfer from service label)

7002 2030 0004 5245 6488

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

6-24-03

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

3. Service Type **CT03-049-061**
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes