

7002 2030 0004 5245 6495

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

6-19-03

Postmark
Here

CT 03-011 Through
CT 03-032

Sent To **MR LES SUMPTION**
 Street, Apt. No., or PO Box No. **S&S COMMUNICATIONS**
 City, State, ZIP+4 **125 RAILROAD AVENUE SE**
ABERDEEN SD 57401

PS Form 3800, June 2002

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 6495

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee
Jamie Ell

B. Received by (Printed Name) _____

C. Date of Delivery
 6-20-03

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

CT 03-011 Through CT 03-032

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540