7002 2030 0004 5245 6563

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	$

6-20-03
CT03-033-048
Postmark Here

Sent To
Street, Apt. No.; or PO Box No.
City, State, ZIP+4

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

PS Form 3800, Ju ... tions

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* [illegible]

C. Date of Delivery 6-23-03

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

3. Service Type CT03-033-048
☒ 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 6563

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