7002 2030 0004 5245 6440

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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OFFICIAL USE

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

RECEIVED
SEP 12 2003
Postmark Here
SOUTH DAKOTA PUBLIC UTILITIES COMMISSION
CT03-140-141

Sent To: MR LES SUMPTION
Street, Apt. No.; or PO Box No.: S&S COMMUNICATIONS 125 RAILROAD AVENUE 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&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) Les Sumption — C. Date of Delivery

D. Is delivery address different from item 1? ☐ 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

ABERDEEN SD
SEP 18 2003
USPS 57401

2. Article Number (Transfer from service l) 7002 2030 0004 5245 [illegible]

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