

7002 2030 0004 5245 6440

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$	RECEIVED
Certified Fee	SEP 12 2003
Return Receipt Fee (Endorsement Required)	Postage Here
Restricted Delivery Fee (Endorsement Required)	SOUTH DAKOTA PUBLIC UTILITIES COMMISSION
Total Postage & Fee	CT 03-140-41
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 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 li

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

☐ Agent

☒ Addressee

B. Received by (Printed Name)

MR SUMPTION

C. Date of Delivery

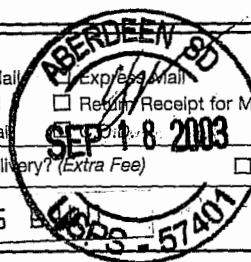
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Signature Required

4. Restricted Delivery? (Extra Fee)

☐ Yes



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