

7002 2030 0004 5245 6501

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	\$

Postmark
Here

CT03-107-115

Sent To Les Sumption - At Comm
 Street, Apt. No. or PO Box No. 125 Railroad Ave 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
At Comm.
125 Railroad Ave SE
Aberdeen, SD
57401

COMPLETE THIS SECTION ON DELIVERY

A. Signature Maurie Ellis Agent Addressee

B. Received by (Printed Name) Maurie Ellis C. Date of Delivery 7-11-02

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

3. Service Type CT03-107-115
 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 6501

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540