

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

7002 2030 0004 5245 6518

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

Postmark
Here

CT03-117

Sent To
 The Les Sumption S+S 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:

The Les Sumption
 S+S Comm
 125 Railroad Ave SE
 Aberdeen, SD
 57401

2. Article Number
 (Transfer from service label)

7002 2030 0004 5245 6518

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Laurie Elbe* Agent Addressee

B. Received by (Printed Name)
 C. Date of Delivery
 7-14-03

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.

CT03-117

4. Restricted Delivery? (Extra Fee) Yes