

7002 2030 0004 5245 6648

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

CT03-132

Sent To
Mr. Les Sumption, S & S Comm.
 Street, Apt. No.,
 or PO Box No. *125 Railroad Ave SE*
 City, State, ZIP+4
Abbeville, 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 Comm.
125 Railroad Ave SE
Abbeville, SD
57401

2. Article Number
 (Transfer from service label) 7002 2030 0004 5245 6648

COMPLETE THIS SECTION ON DELIVERY

A. Signature
[Signature] Agent
 Addressee

B. Received by (Printed Name) *Mr. Sumption* C. Date of Delivery *8-26-03*

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

3. Service Type *CT03-132*
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes