

UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box

BUR. OF AIR MONITORING & MOBILE SOURCES  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STOP 4 5019  
2500 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Branch of Air Monitoring  
& Mobile Sources

FEB 11 2003

RECEIVED

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly) <i>Pat Tousey</i>	B. Date of Delivery <i>2-7-03</i>
1. Article Addressed to:  <p style="text-align: right;">AIRS ID#0010099</p> <b>ROBINSON CLEANERS INC</b> <b>DAVID C ROBINSON</b> <b>209 NE 16TH AVE</b> <b>GAINESVILLE FL</b> <b>32601</b>	C. Signature <i>x Pat Tousey</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
2. Article Number <i>70002870000070275203</i> (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, March 2001	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
Domestic Return Receipt	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

PS Form 3811, March 2001      Domestic Return Receipt      102595-01-M-1424

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

**OFFICIAL USE**

Postage	\$	 <i>ST 2/7/03</i>
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		AIRS ID#0010099
<b>Sent To</b> <b>ROBINSON CLEANERS INC</b> <b>DAVID C ROBINSON</b> <b>209 NE 16TH AVE</b> <b>Street, Apt. No.</b> <b>GAINESVILLE FL</b> <b>32601</b> <b>City, State, ZIP</b>		

PS Form 3800, May 2000      See Reverse for Instructions