

**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:

10                      AIRS ID # 0010100001AG  
 JUDITH S THOMPSON  
 TOWN & COUNTRY CLEANERS  
 1005 NW 76TH BLVD  
 GAINESVILLE FL 32606

2. Article Number (Copy from service label)

7000 0600 0026 4129 9563

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)      B. Date of Delivery

Bill Sullivan

8-17-91

C. Signature

X Bill Sullivan

 Agent AddresseeD. Is delivery address different from item 1?       YesIf YES, enter delivery address below:       No

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

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 STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**

*(Domestic Mail Only; No Insurance Coverage Provided)*

*Handwritten signature*

7000 0600 0090 0000 0026 9200 4229 9563

[Redacted area]

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total	\$	

*Handwritten signature: Melissa Little*

Recipient **10** AIRS ID # **0010100001AG**  
Street, **JUDITH S THOMPSON**  
**TOWN & COUNTRY CLEANERS**  
City, S. **1005 NW 76TH BLVD**  
**GAINESVILLE FL 32606**

PS Form

Instructions