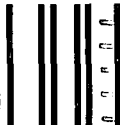


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**SENDER: COMPLETE THIS SECTION**

- 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:**

ID# 10100  
 JUDITH THOMPSON  
 TOWN & COUNTRY CLEANERS  
 1005 NW 76 BLVD  
 GAINESVILLE, FL 32606

**2. Article Number***(Transfer from service label)*

7003 2260 0003 5743 9874

**COMPLETE THIS SECTION ON DELIVERY****A. Signature**X *Mare Lombardi* Agent Addressee**B. Received by (Printed Name)***Chase Lombardi***C. Date of Delivery***2/6/04***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.**4. Restricted Delivery? (Extra Fee)** Yes

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ID# 10100

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Sent

JUDITH THOMPSON

Street  
or PO

TOWN & COUNTRY CLEANERS

City,

1005 NW 76 BLVD

GAINESVILLE, FL 32606

PS Form

Instructions

7003 2260 0003 5743 9874