

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

PS Form 3800, Jun 04

6743 0144 0004 0500 4470 6429

Sent To AIRS ID# 10101 1stC
 CUSTOM CARE CLEANERS
 Street, Apt. No., or PO Box No. 3735 W University Ave
 City, State, ZIP+4 GAINESVILLE, FL 32607

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:

AIRS ID# 10101 1stC
 CUSTOM CARE CLEANERS
 3735 W University Ave
 GAINESVILLE, FL 32607

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Kristina Sheffield Addressee

B. Received by (Printed Name) Date of Delivery
Kristina Sheffield *2/10/05*

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

2. Article Number (Transfer from service label) 7003 0500 0004 0144 6743

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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 •

DARMMOBILE SOURCE CONTROL PROGRAM
 DEPT. OF ENVIRONMENTAL PROTECTION
 MAIL STATION 5510
 2800 BLAIR STONE ROAD
 TALLAHASSEE, FLORIDA 32399-2400

Not All Movable Source

RECEIVED

FEB 10 2005

