

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

7000 2670 0000 7027 5111

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

[Handwritten Signature]
 Postmark Here

Total Postage: _____ AIRS ID#0010101
Sent To CUSTOM CARE CLEANERS
 GREG PARKER
 3735 W UNIVERSITY AVE
Street, Apt. No. GAINESVILLE FL
 32607
City, State, ZIP

PS Form 3800, May 2000

See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS

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#0010101
 CUSTOM CARE CLEANERS
 GREG PARKER
 3735 W UNIVERSITY AVE
 GAINESVILLE FL
 32607

2. Article Number:
 (Transfer from service label)

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery **2-7-03**

C. Signature *Emily VanValley* Agent Addressee

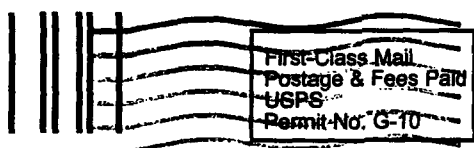
D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: _____

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

4. Restricted Delivery? (Extra Fee) Yes

7000287000070275W

UNITED STATES POSTAL SERVICE



• 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

RECEIVED
 FEB 10 2003
 Bureau of Air Monitoring & Mobile Sources

32399-2400

