

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

7000 2870 0000 7027 3940

7000 2870 0000 7027 3940

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

Receipt
 Postmark Here

To: 10 AIRS ID # 0010104001AG

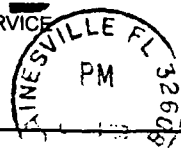
Sen GREG JOHNSON
 QUALITY CLEANERS OF GAINESVILLE V

Stre: 11 NE 23RD AVENUE

City: GAINESVILLE FL 32609

PS Form 3800, May 2000 See Reverse for Instructions

UNITED STATES POSTAL SERVICE

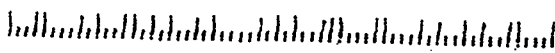


First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

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

DARM/MOBILE SOURCE CONTROL PROGRAM
 DEPT. OF ENVIRONMENTAL PROTECTION
 MAIL STATION 5510
 2600 BLAIR STONE ROAD
 TALLAHASSEE, FLORIDA 32399-2400

32399+2400



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 # 0010104001AG
 GREG JOHNSON
 QUALITY CLEANERS OF GAINESVILLE V
 11 NE 23RD AVENUE
 GAINESVILLE FL 32609

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Heather Gorman* B. Date of Delivery *2-4-2*

C. Signature *[Signature]* 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

2. Article Number (Copy from service label)
7000 2870 0000 7027 3940