

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

7000 2870 0000 7027 5210

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

*[Handwritten Signature]*  
 Postmark Here

AIRS ID#0010105

**Total Postage &** TROPICAL CLEANERS  
**Sent To** JOHN EVERSON  
 402 NW 13TH STREET  
**Street, Apt. No.,** GAINESVILLE FL  
 32601  
**City, State, ZIP+**

PS Form 3800, May 2000 See Reverse for Instructions

UNITED STATES POSTAL SERVICE

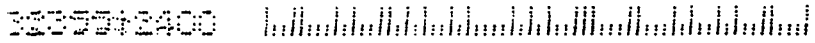


First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

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

BUR. OF AIR MONITORING & MOBILE SOURCES  
 DEPT. OF ENVIRONMENTAL PROTECTION  
 MAIL STATION 5510  
 2600 BLAIR STONE ROAD  
 TALLAHASSEE, FLORIDA 32399-2400

*[Vertical Stamp: Bureau of Air Monitoring & Mobile Sources]*  
*[Vertical Stamp: RECEIVED FEB 10 2003]*



**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#0010105

TROPICAL CLEANERS  
 JOHN EVERSON  
 402 NW 13TH STREET  
 GAINESVILLE FL  
 32601

70002870000070275210

2. Article Number  
 (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) *Kathleen Pennock* B. Date of Delivery *2/7/03*

C. Signature  
*X Kathleen Pennock*  Agent  Addressee

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