

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

7001 0320 0001 7976 4030

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

Handwritten signature
 Postmark - Here

AIRS ID#0010106

Sent: SUBURBAN CLEANERS #1
 Street: JOHN W EVERSON
 or PO: 402 NW 13TH STREET
 City: GAINESVILLE FL
 23605

PS Form 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 STOP 15510
 2600 BLAIR HANE ROAD
 TALLAHASSEE, FLORIDA 32309-2400

Bureau of Air Monitoring & Mobile Sources

RECEIVED
 MAR 20 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#0010106

SUBURBAN CLEANERS #1
 JOHN W EVERSON
 402 NW 13TH STREET
 GAINESVILLE FL
 23605

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) *Darren Jones*

C. Date of Delivery *3/17/03*

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) **7001 0320 0001 7976 4030**