

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

5124 560E E100 0291 0007

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

Received
7/29/02

Total Pcs 10 AIRS ID # 0010106001AG

Sent To JOHN W EVERSON

Street, Ap SUBURBAN CLEANERS #1

402 NW 13TH STREET

City, State GAINESVILLE FL

23605

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 THIS SECTION ON DELIVERY**

- 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.

A. Received by (Please Print Clearly) Sunday Summers B. Date of Delivery 7/29/02

C. Signature X Sunday Summers Agent Addressee

D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below:

1. Article Addressed to:

10 AIRS ID # 0010106001AG
 JOHN W EVERSON
 SUBURBAN CLEANERS #1
 402 NW 13TH STREET
 GAINESVILLE FL
 23605

3. Service Type

Certified Mail Express Mail

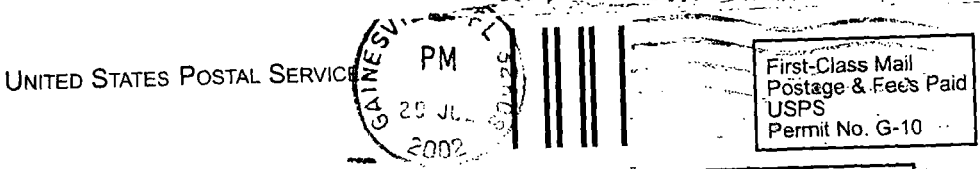
Registered Return Receipt for Merchandise

Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)
1000 1010 0013 3095 4215

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789



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

DARM/MOBILE SOURCE CONTROL PROGRAM
 DEPT. OF ENVIRONMENTAL PROTECTION
 MAIL STATION 8810
 2600 BLAIR STONE ROAD
 TALLAHASSEE, FLORIDA 32399-2400