

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0026 4128 8611

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

Postmark
Here

AIRS ID # 0010107

Rt SUBURBAN CLEANERS #2
St JOHN W EVERSON
 402 NW 13TH STREET
Cl GAINESVILLE FL
 32601

PS Form 3811, July 1999 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 •

**DAR/MOBILE SOURCE CONTROL PROGRAM
 DEPT. OF ENVIRONMENTAL PROTECTION
 MAIL STATION 5510
 2000 BLAIR STONE ROAD
 TALLAHASSEE, FLORIDA 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:

AIRS ID # 0010107
 SUBURBAN CLEANERS #2
 JOHN W EVERSON
 402 NW 13TH STREET
 GAINESVILLE FL
 32601

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* **Sunday Simmons** B. Date of Delivery **2-11-02**

C. Signature *Sunday Simmons* 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 0600 0026 4128 8611