

	Fold at line over top of envelope to					
side	■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b.			I also wish to receive the following services (for an extra fee):		
reverse	Attach this form to the front of the mailpiece, or on the back if space does not permit.			1. Addressee's Address		
ther	 Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date 			2. Restricted Delivery		
on t	delivered.	•		Consult postma	ster for fee.	
	3. Article Addressed to:	4a. Artic	le Nu		0.1/0	
completed	AIRS ID # 0350015	$\rho_{.}$	P.174 052 248			
Ĕ	ALL STAR DRY CLEANERS	4b. Serv	ice T			
	TOM DESIMONE	☐ Regis	stere			
SS	126 FLAGLER PLAZA DRIVE	☐ Expre	ess N	/lail	☐ Insured .	
DDRESS	PALM COAST FL 32137	☐ Return Receipt for Merchandise ☐ CC			se 🗆 COD	
N AD		7. Date of	of De	livery 2-1		
RETUR	5. Received By: (Print Name) BARBARA S BORTZ	Addressee's Address (Only if requested and fee is paid)				
s your	6. Signature: (Addressee or Agent) X Dalbara S Borts					
_	PS Form 3811 . December 1994	2595-97-B-0	179	Domestic Re	turn Receipt	

P 174 052 248

US Postal Service

Receipt for Certified Mail

AIRS ID # 0350015

ALL STAR DRY CLEANERS TOM DESIMONE 126 FLAGLER PLAZA DRIVE PALM COAST FL 32137

	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
1995	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
PS Form 3800, April 1995	Postmark or Date	