

Z 333 613 027

US Postal Service

# Receipt for Certified Mail

AIRS ID 0950359

SUNCREST #11501

MICHAEL GAGLIANO

1875 W COMMERCIAL BLVD SUITE 140

FT LAUDERDALE FL 33309

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>

Postmark or Date

PS Form 3800, April 1995

BOX #4 TALLAHASSEE FL 32302-2098 20:28

UNITED STATES POSTAL SERVICE



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

● Print your name, address, and ZIP Code in this box ●

DARM/MOBILE SOURCE CONTROL PROGRAM  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400



Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- 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 delivered.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address
2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID 0950359

SUNCREST #11501  
 MICHAEL GAGLIANO  
 1875 W COMMERCIAL BLVD SUITE 140  
 FT LAUDERDALE FL 33309

4a. Article Number

2 333 613 027

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery

2-17-91

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Addressee or Agent)

*[Handwritten Signature]*

Thank you for using Return Receipt Service.