

2099+2400

Toffin little field and detall will and but to Hart

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVER	Y
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reso that we can return the card to you. Attach this card to the back of the maior on the front if space permits. 1. Article Addressed to: AIRS ID # 0010099 ROBINSON CLEANERS INC DAVID C ROBINSON 209 NE 16TH AVE GAINESVILLE FL 32605 	verse	A. Received by (Please Print Clearly) C. Signature X D. Is delivery address different from 1? If YES, enter delivery address below: 3. Service Type Certified Mail	Agent Addressee Yes No Merchandise
2. Article Number (Copy from service label)	4128	8451	
PS Form 3811, July 1999	Domestic Ret	turn Receipt 10	02595-99-M-1789

157	(Domestic Mail O	Service MAIL REC only; No Insurance (EIPT Coverage Provid	ed)
A 4				
- P	Postage	\$		
7	Certified Fee		Postmark	
	Return Receipt Fee (Endorsement Required)		Here	
0026	Restricted Delivery Fee (Endorsement Required)			
0800	Total P	AIRS ID # 00	10099	
	DAVID C R			
7000	Street, 209 NE 16TH AVE			
=	City, Si GAINESVILLE FL			
ζ-	32605			
	PS Fort	Carried St.		instructions :