CERTIFIED MAIL RECEIPT (Domestic Mail Only; No insurance Coverage Provided)	
1 P P P P P P P P P P P P P P P P P P P	
Postage	\$
Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)	Postmark Here
Feed GREG JOHNSO 11 NE 23RD AV Strev GAINESVILLE	VENUE S FL 32609
	First-Class Mail Postage & Fees Pato USPS Permit No. G-10
• Sender: Please print your frame, address, and ZIP+4 in this box	
EUR. OF AIR MONITORING & MOBILE SOURCES DEFT. OF PROPOSITION SETSON  NAME STATION SETSON  2600 DIGHT GOVERNAD  TALLAGUSSES, ALONEDA 32390-2400	
	> 5510
իրի արևի հիրի արևի արևի արևի արև արև արև	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>A. Received by (Please Print Clearly)</li> <li>B. Date of Delivery</li> <li>C. Signature</li> <li>X</li> <li>Agent</li> <li>Addressee</li> <li>D. Is delivery address different from item 1?</li> </ul>	
Article Addressed to:	If YES, enter delivery address below:   No

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789