

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Signature Agent Addressee B. Received by (Printed Name). Date of Delivery D. Is delivery address different from item 1? Yes
Article Addressed to:	If YES, enter delivery address below:
ID# 10111	
JAROD AMBURSEY	
CRANE ONE HOUR CLEANERS	
411,NE 23RD AVENUE	3. Service Type
GAINESVILLE, FL 32609	Certified Mail
	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7003 228	0.003.5743.9980
PS Form 3811, August 2001 Domestic Ret	urn Receipt 102595-02-M-1540

U.S. Postal Service 9990 CERTIFIED MAIL, RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) For delivery information visit our website at www.usps.coma 5743 Postage 0003 Certified Fee Return Recient Fee (Endorsement Required) 560 Restricted Delivery Fee (Endorsement Required) П Totr ID# 10111 7003 JAROD AMBURSEY Sent CRANE ONE HOUR CLEANERS Stree 411 NE 23RD AVENUE or PC **GAINESVILLE, FL 32609** City. See Reverse for Instruction