

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

7004 2510 0002 3939 3097

| | |
|--|---|
| Postage \$ | Postmark Here |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees \$ | |
| Sent To | AIRS ID#0250710.....2 nd Cert 05 |
| Street, or PO Box | ATRIUM CLEANERS |
| City, State, ZIP+4 | 7937 NW 53 Street MIAMI, FL 33166 |
| PS Form | Instructions |

| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
|---|--|---|--|
| <ul style="list-style-type: none"> 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. | | <p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery 3/4/05</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> | |
| <p>1. Article Addressed to:</p> <p>AIRS ID#0250710.....2nd Cert 05 ATRIUM CLEANERS 7937 NW 53 Street MIAMI, FL 33166</p> | | <p>3. Service Type</p> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. | |
| <p>2. Article Number 7004 2510 0002 3939 3097 <i>(Transfer from service label)</i></p> | | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> | |
| PS Form 3811, February 2004 | | Domestic Return Receipt | |
| | | 102595-02-M-1540 | |

UNITED STATES POSTAL SERVICE



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

• Sender: Please print your name, address, and ZIP+4 in this box

RECEIVED

MAR 15 2005

BUR. OF AIR MONITORING & MOBILE SOURCE TESTS
 DEPT. OF ENVIRONMENTAL PROTECTION
 MAIL STA. 3110
 2800 BLANKET TIE ROAD
 TALLAHASSEE, FLORIDA 32390-2400

Mobile Source

2300/3333