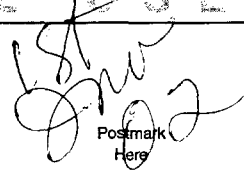


U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

4195 5814
 2027 7027
 0000 0000
 2000 2670

OFFICIAL USE

Postage	\$	 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage:		AIRS ID#0571134
Sent To CHG ENGINEERING CLAUDE H GATES 3531 4TH AVENUE Street, Apt. No., TAMPA FL 11115 City, State, ZIP+		
PS Form 3800, May 2000		See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

AIRS ID#0571134

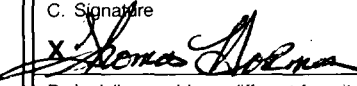
CHG ENGINEERING
 CLAUDE H GATES
 3531 4TH AVENUE
 TAMPA FL
 11115

2. Article Number (Copy from service label)
 10002870000070275814

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____

B. Date of Delivery 2-7-03

C. Signature  Agent Addressee

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: _____

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

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

Bureau of Air Mail & Mobile Services
 FEB 10 2003
 WASHINGTON, DC 20503-2400

