

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

7000 1670 0013 3108 6649

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total		

Postmark Here
 AIRS ID#0730098

Sent to: **MIRROR CLEANERS**
WALTER A SMALLWOOD
 Street: **471 JOHN KNOX ROAD**
 City, State: **TALLAHASSEE FL**
32303

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS
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) Walter Smallwood
 C. Date of Delivery 2/7/03

1. Article Addressed to:
 AIRS ID#0730098
MIRROR CLEANERS
WALTER A SMALLWOOD
471 JOHN KNOX ROAD
TALLAHASSEE FL
32303


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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
 4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
 (Transfer from service label) 7000 1670 0013 3108 6649

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1035

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
 FEB 12 2003
 Post Monitor