5 P 337 151 264 **US Postal Service Receipt for Certified Mail** No Insurance Coverage Provided. Do not use for International Mail (See reverse)
Sent to DEVILLE SEMENTORS
North PL ON 157 32102 \$ Postage Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom Date, & Addressee's Address TOTAL Postage & Fees Postmark or Date

No Insurance Coverage Do not use for Internation	tified Mail Provided. Provided. Provided.
Sent to DYEUGAL  "NOTH Floy Street & Number  FOST Office, State & ZIP Co.	BOX 157
Postage	32/02 \$
Certified Fee	9
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Return Receipt Showing to Whom & Date Derivered Return Receipt Showing to Whom, Date, & Addressee's Address  TOTAL Postage & Fees  Postmark or Date  OD-HW/C-C	C-97-0317

000000000000000000000000000000000000000		
SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if spapermit.  Write "Return Receipt Requested" on the mailpiece below the article was delivered as delivered.  3. Article Addressed to:  With Addressed to:  With Addressed to:	ce does not ele number.	I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.
3. Article Addressed to:	4a. Article N	37 151 154
	4b. Service 1 ☐ Registere	ed Certified
P.O. SOX 157 Astor Ll. 32102	Express I	Mail Insured ceipt for Merchandise COD
1	7. Date of De	alivery 7
5. Received By: (Print Name)	and foo is	e's Address (Only if requested paid)
6. Signatura (Addressee or Agent)	000-	4W-97-0397
S CONTRACTOR OF THE STATE OF TH	02595-97-B-0179	Domestic Return Receipt
P 337 1 US Postal Service Receipt for C No Insurance Coverage Do not use for Interna	ertified Mi	

Postage

Certified Fee

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing to

Whom & Date Delivered

Whom & Date Delivery to Whom & Date Addresse's Addresse	1-7-1997	374
**SOEM**  **Complete items 1 and/or 2 for additional services**  **Complete items 3, 4a, and 4b.  **Complete items 3, 4a, and 4b.  **Print your name and address on the reverse of this form so that we card to you.  **Adject this form to the front of the mailpiece, or on the back if space permit.  **SWITE*** Return Receipt Requested** on the mailpiece below the article of the Print Receipt will show to whom the article was delivered and delivered.	following set extra fee): does not number. I the date	o receive the rvices (for an  ressee's Address stricted Delivery tmaster for fee.
Robert Semmons North Horda Oil P.O. Box 157 Astor, If 32/02	4a. Article Number  33 / 5  4b. Service Type  Registered Express Mail Return Receipt for Mercha 7. Date of Delivery	☐ Certified ☐ Insured
5. Received By: (Print Name)  6. Signature: (Atthressee or Agent)  X  PS Form 3811, December 1994	8. Addressee's Address (in and fee is paid)  CCD - + + - 9  9	•

RETURN ADDRESS completed

5. Received By: (Print Name) 6. Signature (Andressee of Agent)

PS Form 3811, December 1994

SENDER:

"Complete items 1 and/or 2 for additional services.

"Complete items 3, 4a, and 4b.

"Print your name and address on the reverse of this

3. Article Addressed to:

P O BOX 157

ASTOR FL 32102

card to you.

Attach this form to the front of the mailpiecs, or on the back if space does not

■Attach this form to the front of the mailpiece, of on the back if space does not permit.
■Write "Return Receipt Requested" on the mailpiece below the article number.
■The Return Receipt will show to whom the article was delivered and the date delivered.

BRENDA SIMMONS OWNER

NORTH FLORIDA OIL

4a. Articie Number

P 33

☐ Registered

□ Express Mail

7. Date of Deliyery

and fee is paid)

4b. Service Type

102595-97-B-0179 Domestic Return Receipt

I also wish to receive the following services (for an extra fee):

1. Addressee's Address

2. A Restricted Delivery Consult postmaster for fee.

8. Addressee's Address (Only if requested

01 D-HW-98-0006

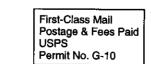
Return Receipt for Merchandise 
COD

Sertified

☐ Insured

	. P 337 15	51 264	
	US Postal Service Receipt for Cer No Insurance Coverage Do not use for Internation Sen) to: "William"	Provided.	
	North PL C Street & Number Post Office, State, & ZIP Cox 15 TY	50 57	
	Postage	\$	
	Certified Fee		
	Special Delivery Fee		j
ťΣ	Restricted Delivery Fee		
ii 199	Return Receipt Showing to Whom & Date Delivered		
, Apr	Return Receipt Showing to Whorn, Date, & Addressee's Address	<del></del>	
800	TOTAL Postage & Fees	\$	
PS Form <b>3800</b> , April 1995	Postmark or Date  OCP-ITW/E-	98-000	0
			^ ^

United States Postal Service



Print your name, address, and ZIP Code in this box	
STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAGE ROJECTION CENTRAL DISTRICT B319 MAGUIRE BLVD., SUI 232 ORLANDO, FL 32803-3	

4. Hantilladallaanillahall Mandadhaaladhalada US Postal Service **Receipt for Certified Mail** No Insurance Coverage Provided. Do not use for International Mail (See reverse)
Sent to Structural School (See 1995)
Provide Tonda Ca Postage Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom Date, & Addressee's Address TOTAL Postage & Fees Postmark or Date

P 337 151 154

First-Class Mail Postage & Fees Paid UNITED STATES POSTAL SERVICE USPS Permit No. G-10 Print your name, address, and ZIP to in this STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROT

CENTRAL DISTRICT 3319 MAGUIRE BLVD., SUITE 232 ORLANDO, FL 32803 - 3767

hallanlallahlaradhadhahallalanbadhahaadl

P 337 151 146 **US Postal Service** Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse)
Sent to Don Roman College Coll 151 Postage Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom Date, & Addressee's Address TOTAL Postage & Faces
Postmark or Date \$ OCD-HW/E-C-97-0

**UNITED STATES POSTAL SERVICE** 

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

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION 252 CENTRAL DISTRICT

3319 MAGUIRE BLVD., SUITE 232 **ORLANDO, FL 32803 - 3767** 

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