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	Postage	\$			
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ij. L	Restricted Delivery Fee				
Form <b>3800</b> , April 1995	Return Receipt Showing to Whom & Date Delivered				
Apri	Return Receipt Showing to Whom, Date, & Addressee's Address				
8	TOTAL Postage & Fees	\$			
<u></u>	Postmark or Date				
For	OCD-HW/E-C-	-99-007			
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	LORIDA OIL, INC		4b. Service		<del></del>
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	Z J D 5 54 US Postal Service Receipt for Cel No Insurance Coverage Do not userfor Internatio Sent to NCY Z O Street & Number Pest Office, State & ZIP Cov	rtified Mail Provided. Internal Mail (See reverse) The ACS Box 167
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PS Form <b>3800</b> , April 1995	OCD-1+0FC	1 1998 48

8 UCD-1+W/E-C-98			
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3. Article Addressed to: Sob Limnions, Owner North Florida Oil E. Box 157	4a. Article N 2 / O 4b. Service ☐ Register ☐ Express ☐ Return Re	5 548 630 Type ed <b>A</b> certifie	
Aston Fl 32/02 S. Received By: (Print Name)	7. Date of D	relivery 198 2/14/98 re's Address (Only if requested	 Thank vou for a
3. Signature: (Addressee or Agent),  X NCACLOS  PS Form <b>3811,</b> December 1994	2595-98-B-0229	Domestic Return Receip	<u>.</u>

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PS Form <b>3800</b> , April 1995	Postmark or Date	37 30 1000
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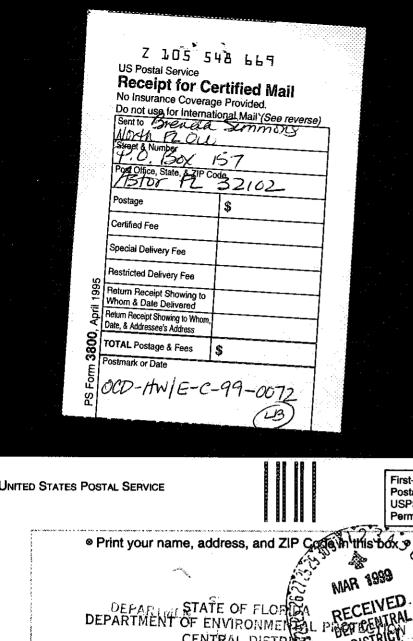
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30	10. Box 157	Return Red	ceipt for Merchandise   COD	RSI
COV.	Autor 4/ 32/02	7. Date of D	elivery 16/98	ou tor
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æ	& Signature: (Addressee or Agent)	OWIL.	-4:0-98-0010 F	Ξ
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×	% horm <b>3811</b> , December 1994 102	595-98-B-0229	Domestic Return Receipt	

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	US Postal Service							
	Receipt for Certified Mail							
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ĺ	P.O. BOX 15	<u> </u>						
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PS Form <b>3800</b> , April 1995	OCD-HW/E-	C- <u>-</u>	18-02	27				
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Ž	6. Signature: (Addressee or Agent)	OCD-X	410-98-0227
S yc	X / MAN + HAT SOME	E	LB.

PS Form **3811**, December 1994

102595-97-8-0179 Domestic Return Receipt



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

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Z 105 548 630 **US Postal Service Receipt for Certified Mail** No insurance Coverage Provided. Do not userior, international Mail (See reverse)
Sent to Cold Sent McCold Sent to Cold Sent to C 2102 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

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

Postage & Fees Paid

Permit No. G-10

USPS

Print your name, address, and ZIP Code in this box

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECT CENTRAL DISTRICT 3319 MAGUIRE BLVD., SUITE 23 ORLANDO, FL 32803 - 3767

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**US Postal Service** Receipt for Certified Mail

	No Insurance Coverage							
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	North Pr- Mil							
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April 1995	Whom & Date Delivered							
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United States Postal Service



Marritan Halanian III and Hal

• Print your name, address, and ZIP Code in this box •



Anthurbilladdianaffalatt

Z 470 718 278 US Postal Service **Receipt for Certified Mail** No Insurance Coverage Provided. Do not use for International Mail (See reverse)
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North FL OW te & ZIP Code 32102 \$ 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 (iB)

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



STATE OF FLORIDA OF ENVIRONMENTAL PROTECTION CENTRAL DISTRICT 3319 MAGUIRE BLVD., SUITE 232

ORLANDO, FL 32803 - 3767

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	US Postal Service	362 75 <u>6</u>
	Receipt for Cer	whisi
	No insurance Coverage	rined Mall
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ις.	Restricted Delivery Fee	
199	Return Receipt Showing to Whom & Date Delivered	
<sup>3</sup> S Form <b>3800</b> , April 1995	Return Receipt Showing to Whom, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
വ	Postmark or Date	15 1999

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	JS Postal Service Receipt for Certified Mail						
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Į,		n Recei	ot Showing	j to			
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	g TOT	AL Post	age & Fee	s	3U	12	1999
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	8	_	,				

SENDER: HAZARDOUS WASTE

3. Article Address2d to:

Dienka Semmons North II. Oil P.O. Bon 157 Aston, H 32102

5. Received By: (Print Name)

6. Signal ye (Addressee of Agent)

PS Ferm 3811, December 1994

your <u>BEXURN ADDRESS</u> completed

□ Complete items 1 and/or 2 for additional services. JUL 1 2 1999
Complete items 3, 4a, and 4b.
□ Print your name and address on the reverse of this form so that we can return this

card to you.

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

permit.

UMrite "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.

le?	SENDER:	
on the reverse sic	Complete items 1HAGARDOUS WASTE Complete items 1HAGARDOUS WASTE Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that card to you Attach this form to the front of the mailpiece, or on the back if spermit. Write "Return Receipt Requested" on the mailpiece below the a delivered.	
Is your RETURN ADDRESS completed on the reverse side?	6. Signature (Addressee or Agent)	Addressee's Address  2. Restricted Delivery  4a. Article Number  2. 369 362 756  4b. Service Type  Registered  Express Mail  Express Mail  Addressee's Address  COD  7. Date of Delivery  8. Addressee's Address (Only if requested and fee is paid)  OCD - HW-99-02/6  2. Restricted Delivery  1. Addressee's Addressee's Address  Only if requested and fee is paid)
	PS Form <b>3811</b> , December 1994	
		102595-99-8-0223 Domestic Return Receipt
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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

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  card to you.  Affach this form to the front of the mailpiece, or on the back	If space does not 1. Addressee's Address
n wite: "Return Receipt Requested" on the mailplece below to in The Return Receipt will show to whom the article was delived delivered.	
3 Article Addressed to:  BRENDA SIMMONS, OWNER  NORTH FLORIDA OIL  POST OFFICE BOX 157  ASTOR, FL 32102	4a. Article Number  Z 105 548 692  4b. Ser Type  Register XX Certiff  Express Maif Return Receipt for Merchandise  COD  7. Date of Delivery
5. Received By: (Print Name) 6. Signature: (Addressee or Agent)	8. Addressee's Address (Only if requeste and fee is paid) OCD-H/E-C-99-0103 LB

OCD-HW/E-C-99-0103

\$

OCD-H40-98-0250 102595-99-B-0223 Domestic Return Receipt

using Return Receipt Service.

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Thank you

I also wish to receive the follow-

362 876

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□ Insured

ing services (for an extra fee):

1. 

Addressee's Address

2. 

Restricted Delivery

8. Addressee's Address (Only if requested and

4a. Article Number 2 369

4b. Service Type

7. Date of Delivery

fee is paid)

☐ Registered ☐ Express Mail

to insurance Cov	Certified Mail verage Provided. lemational Mail (See reverse a Summors
Street & Number  Past Office, State, 8	157
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Return Receipt Sh Whom & Date Del Return Receipt Show Date, & Addressee's TOTAL Postage	ring to Whom, Address

UNITED STATES POSTAL SERVICE

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

♦ Print your name, address, and ZIP Code in this box ♦

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION CENTRAL DISTRICT

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



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8	TOTAL Postage & Fees	<b>3UL 12</b> 1999			
PS Form <b>3800</b> , April 1995	Postmark or Date				

Z-105 548 692 US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse)
Sent to Ward Salvinous Street & Number
P. O. Box 157
Post Office, State, & ZIP Code Aslor 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

UNITED STATES POSTAL SERVICE

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

Print your name, address, and ZIP Code in this box •

STATE OF FLORIDA 28 PARTMEN OF ENVIRONMENTAL PROTECTION CENTRAL DISTRICT 3319 MAGUIRE BLVD., SUITE 232

ORLANDO, 80 32603-3767

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION CENTRAL DISTRICT

UNITED STATES POSTAL SERVICE

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



First-Class Mail Postage & Fees Paid

Permit No G-10

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