



Signed Certified Letter Card

1727

42-069-1391 ANGM-ERP

R. Grady

Is your RETURN ADDRESS completed on the reverse side?

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 can return this card to you.
- Attach this form to the front of the mailpiece, or 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.

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

- 1. Addressee's Address
- 2. Restricted Delivery

3. Article Addressed to:

Mr. Paul W. Yeargain
135 W. Central Blvd. #1150
Orlando, FL 32801-2456

4a. Article Number

2 291 352 841

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

5/10/94

5. Received By: (Print Name)

Joyce Belland

8. Addressee's Address (Only if requested and fee is paid)

ENTERED
5/10/94

Thank you for using Return Receipt Service.

UNITED STATES POSTAL SERVICE

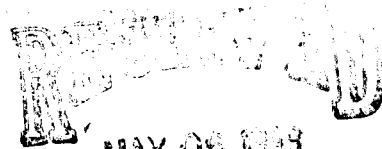


First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

St. Johns River Water Management District

618 W. Park Street, Suite 200
Lakeland, FL 34601



MAY 08 1993

PBS
ORLANDO
SJR WMD

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:

Mr. Paul W. Yeargan, P.E.
 VHB, Inc.
 135 W. Central Blvd., #800
 Orlando, FL 32801

2. Article Number (Copy from service label)

2247 848 672

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

2/1/00

C. Signature

X Elaine James

 Agent Addressee

D. Is delivery address different from item 1?

 Yes

If YES, enter delivery address below:

 No

2-7-00

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

42-069-1391ANGM-ERP

N. Hancock Rd.

R Grady

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 •

St. Johns River Water Management District
618 E. South Street, Suite 200
Orlando, Florida 32801

RECEIVED

FEB 02 2000

PDS
ORLANDO
SJR WMD

15

