



Signed Certified
Letter Card

1727

40-009-0351A-ERP

C. Fang

Sumerset Estates

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

Consult postmaster for fee.

3. Article Addressed to:

Farrer, Barley & Associates, Inc
Mr. Duane K. Booth, P.E.
350 N. Sinclair Avenue
Tavares, FL 32778

4a. Article Number

480 701 514

4b. Service Type

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

DATE OF DELIVERY
FEB 22 1999

5. Received By: (Print Name)

C. Fang

6. Signature: (Addressee or Agent)

X C. Fang

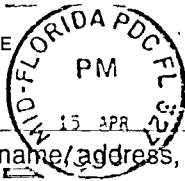
8. Addressee's Address (Only if Requested and fee is paid)

FEB 22 1999

ORLANDO

Thank you for using Return Receipt Service.

UNITED STATES POSTAL SERVICE



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

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

40-069-0351A-ERP

C. Farnoy

SENDER:

Somerset St.

- Complete items 1 and/or 2 for additional services.
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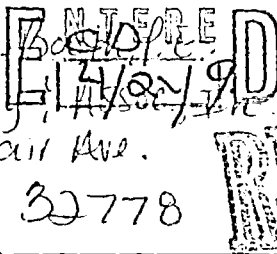
Consult postmaster for fee.

Is your RETURN ADDRESS completed on the reverse side?

... and you for using Return Receipt Service.

3. Article Addressed to:

Mr. Duane K. Baston
 Farmer, Bartley, Assoc., Inc.
 350 N. Sinclair Ave.
 Tavares, Fla 32778



4a. Article Number

7 315 270 305

4b. Service Type

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

7. Date of Delivery

APR 20 1998

5. Received By: (Print Name)

C. deVos

6. Signature: (Addressee or Agent)

X C. deVos

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

PDS
 ORLANDO
 SJR WMD

UNITED STATES POSTAL SERVICE



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

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

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

