



# CITY OF GAINESVILLE

THOMAS D. BUSSING  
MAYOR

April 23, 2002

Ms. Beverly A. Thomas  
860 NW 20th Street  
Gainesville, FL 32603

Dear Ms. Thomas:

This letter is to certify that at the Monday, April 22, 2002 City Commission Meeting you were reappointed to serve as a member of the Gainesville Human Rights Board. Your term of office is effective immediately and will expire February 22, 2005.

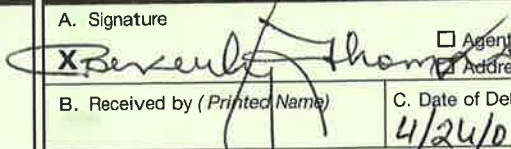
On behalf of the Gainesville City Commission, I would like to welcome and thank you for your willingness in serving on the Gainesville Human Rights Board.

If you have any questions, or desire further information, please contact the Staff Liaison Jimmie Williams at 334-5051.

Sincerely,

TDB:dla

XC: Staff Liaison Jimmie Williams

| SENDER: COMPLETE THIS SECTION  |  | COMPLETE THIS SECTION ON DELIVERY   |                                       |
|--|--|---|---------------------------------------|
| <ul style="list-style-type: none"><li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>Print your name and address on the reverse so that we can return the card to you.</li><li>Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul> |  | A. Signature<br> <input type="checkbox"/> Agent<br><input checked="" type="checkbox"/> Addressee |                                       |
| 1. Article Addressed to:<br><b>Beverly A. Thomas<br/>860 NW 20th Street<br/>Gainesville, FL 32603</b>  |  | B. Received by (Printed Name)   | C. Date of Delivery<br><b>4/24/02</b> |
| 2. Article Number<br>(Transfer from servi <b>7001 1140 0000 2427 1471</b> )  |  | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No                                       |                                       |
| 3. Service Type<br><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.                                    |  | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes  |                                       |

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