



Jeb Bush
Governor

Department of Environmental Protection

Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

David B. Struhs
Secretary

January 26, 2000

Mr. Louis Becker
1 Hour Professional Cleaners
3050 Tamiami Trail North
Naples, Florida 34103

Re: Facility No.: 0210087-002

Dear Mr. Becker:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on December 23, 1999.

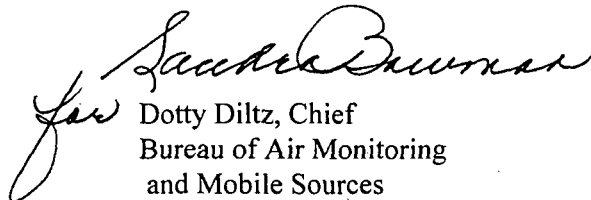
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements of the Title V general permit.

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office
Bureau of Air Monitoring and Mobile Sources MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the District or local air program compliance inspector in your area.

Sincerely,


Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Sherrill Culliver, South District

"Protect, Conserve and Manage Florida's Environment and Natural Resources"

Printed on recycled paper.

RECEIVED

DEC 23 1999

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitoring
& Mobile Sources

Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location

| | | | |
|--|------------------------------|--------|-------------------|
| 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): | B & B INC. OF NAPLES | | |
| 2. Site Name (For example, plant name or number): | 1 HOUR PROFESSIONAL CLEANERS | | |
| 3. Hazardous Waste Generator Identification Number: | 21-00-049588-49-9 | | |
| 4. Facility Location: | Street Address: | City: | County: Zip Code: |
| | 3050 TAMiami TRAIL N. | NAPLES | COLLIER 34103 |
| 5. Facility Identification Number (DEP Use ONLY - do not fill in): | 0210087-002 | | |

Responsible Official

| | | | | | |
|--|------------------------------|-----------------------|--------|---------|-----------|
| 6. Name and Title of Responsible Official: | Name: | Title: | | | |
| | LOUIS BECKER | PRESIDENT | | | |
| 7. Responsible Official Mailing Address: | Organization/Firm: | Street Address: | City: | County: | Zip Code: |
| | 1 HOUR PROFESSIONAL CLEANERS | 3050 TAMiami TRAIL N. | NAPLES | COLLIER | 34103 |
| 8. Responsible Official Telephone Number: | Telephone: | Fax: | | | |
| | (941) 261-4324 | (941) 261-1533 | | | |

Facility Contact (If different from Responsible Official)

| | | | |
|---|-----------------------|----------------|-------------------|
| 9. Name and Title of Facility Contact (For example, plant manager): | PAUL BREEHNE | | |
| 10. Facility Contact Address: | Street Address: | City: | County: Zip Code: |
| | 3050 TAMiami TRAIL N. | NAPLES | COLLIER 34103 |
| 11. Facility Contact Telephone Number: | Telephone: | Fax: | |
| | (941) 261-4324 | (941) 261-1533 | |

Facility Information

1.(a) DRY-TO-DRY MACHINES ONLY

How many dry-to-dry machines do you have on-site?

For each dry-to-dry machine on-site, please provide the following information:

| Date Initially Purchased From Manufacturer | Status (circle one) | Control Device Required* (circle one) | Date Control Device Installed (if already included at time of purchase, write "SAME") |
|--|---------------------|---------------------------------------|---|
| EARLY 1999 | Existing/New | RC/CA/None required | SAME |
| _____ | Existing/New | RC/CA/None required | _____ |
| _____ | Existing/New | RC/CA/None required | _____ |

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site?

How many dryers/reclaimers do you have on-site?

If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a **NEW** unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information:

| Date Initially Purchased From Manufacturer | Status (circle one) | Control Device Required* (circle one) | Date Control Device Installed (if already included at time of purchase, write "SAME") |
|--|---------------------|---------------------------------------|---|
| _____ | Existing/New | RC/CA/None required | _____ |
| _____ | Existing/New | RC/CA/None required | _____ |
| _____ | Existing/New | RC/CA/None required | _____ |

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

gallons (You must fill this in)

(b) If less than 12 months, how many? months

Check why it is less than 12 months: New owner: Did not keep records:

New store: New machine

Unopened store (date of expected opening _____)

3. What is the facility's source classification based on the definitions found in section (3) of Part II? Indicate with an "X". Select one classification only.)

- Small Area Source
- Dry-to-dry machines only on-site (used less than 140 gallons of perc per year)
Transfer only on-site (used less than 200 gallons of perc per year)
Both machine types on-site (used less than 140 gallons of perc per year)
- Large Area Source
- Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year)
Transfer only on-site (used 200 - 1,800 gallons of perc per year)
Both machine types on-site (used 140 - 1,800 gallons of perc per year)

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)

- | | |
|--|---|
| <u>Existing machines at small area source</u> (NONE REQUIRED) <input type="checkbox"/> | <u>New machines at small area source</u> Refrigerated condenser <input type="checkbox"/> |
| <u>Existing machines at large area source</u> Carbon adsorber <input type="checkbox"/> Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u> Refrigerated condenser <input type="checkbox"/> |

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site (see attached memo for the criteria).

All steam and hot water generating units exempt OR
No such units on-site

How many boilers do you have on-site?

For each boiler, indicate its horsepower (HP) rating:

What type of fuel do you use? propane natural gas
 No. 2 fuel oil No. 4 fuel oil
 No. 6 fuel oil Other (please list) _____

6. Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

- (a) Purchase receipts and solvent purchases/solvent addition log
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Startup, shutdown, malfunction plan

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are _____
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.

LOUIE BECKER

Print name of responsible official

L Becker

Signature

12/12/99

Date



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

392863

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0210087
1 HR PROFESSIONAL CLEANERS
LOUIS BECKER
3050 TAMIAMI TRAIL
NAPLES, FLORIDA 34103

RECEIVED
MAR - 2 2000

Bureau of Air Mail
& Mobile Operations

FOR GOVERNMENT USE ONLY
Org.: 75501000 EO: B1
Fund: 263-035001
Obj.: 002273

FEB 29 00

RECEIVED
MAIL ROOM



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label. 474297 DEC 15 2003

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

219087
LOUIS BECKER *Brechner Corp*
1 HR PROFESSIONAL CLEANERS
3050 TAMiami TRAIL N
NAPLES FL 34103

FOR GOVERNMENT USE ONLY
Org: 3750101000 EO: A1
Fund: 2-05001
Obj: 2273

Bureau of Accounting
& Mobile Services

RECEIVED
DEC 17 2003

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

443492 DEC20 2004

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

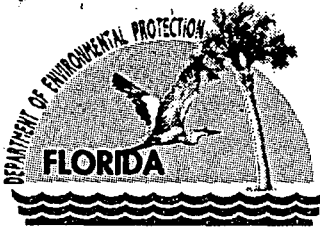
TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID# 210087 10
1 HR PROFESSIONAL CLEANERS
3050 Tamiami Trail
NAPLES, FL 34103

FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

Printed on recycled paper.



Jeb Bush
Governor

Department of Environmental Protection

Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Colleen M. Castille
Secretary

December 6, 2004

NOTICE OF ANNUAL OPERATION FEE

To: Users of Title V Air General Permits

Records in the Division of Air Resource Management indicate that you operate a source of air pollution and that you have claimed eligibility for your facility to operate under a Title V Air General Permit pursuant to Chapter 62-213, Florida Administrative Code (F.A.C.).


As a source of air pollution subject to Title V of the federal Clean Air Act, your facility is required under Section 403.0872, Florida Statutes (F.S.), to pay an annual operation fee as established by the Department in Rule 62-213.205, F.A.C.

Your annual operation fee is \$50 for calendar year **2004**. A notice of your obligation to pay the annual operation fee was sent to you by first class U.S. mail, along with an invoice form and instructions. If you have already submitted the annual operation fee in response to that request, please disregard this letter.

If you have not yet submitted the annual operation fee, this notice (with the enclosed replacement invoice) is being sent in accordance with Rule 62-213.205(1)(g), F.A.C., as a reminder that any annual operation fee not postmarked by **March 1, 2005**, may be subject to a 50% penalty, plus interest computed in accordance with Section 220.807, F.S. In addition, please be aware that under Rule 62-213.205(1)(g), F.A.C., failure to timely pay any required annual operation fee, penalty, or interest constitutes grounds for revocation of the Title V Air General Permit.

To submit your fee payment, please follow the directions on the enclosed invoice form. If you have any questions, you may call Bruce Thomas at 850/921-7744 or Sandra Bowman at 850/921-9583. Thank you for your prompt attention to this matter.

Sincerely,


Joseph Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

*See Attached
Cancelled check.
Please correct
your records
Thank you*

/JK

Enclosure: Invoice Form

"More Protection, Less Process"

Printed on recycled paper.

BEST AVAILABLE COPY

2004
Payment

AIRS ID #
210087

Please
correct your
records

AMOUNT 00/100 DOLLARS

Account: 11004207
Printed on 01/08/04
Page 38

| | | | |
|--|---------------------|---|--|
| <p>BREEJNE CORPORATION 883 SANDERS BL BEACH ROAD NAPLES, FL 34108</p> | | <p>BANK OF NAPLES 4000 TAMMAM TROLL NORTH NAPLES, FLORIDA 34103</p> | |
| <p>4296</p> | | <p>4296 DEC 15 2003</p> | |
| <p>DATE</p> | <p>AMOUNT</p> | <p>000000104 010008309 010068369 12-18-03</p> | |
| <p>4296</p> | <p>Dec 10, 2003</p> | <p>*****\$50.00</p> | |
| <p>PAY TO THE ORDER OF: AIRS ID# 210087</p> | | <p>FOR DEPOSIT ONLY</p> | |
| <p>TO THE ORDER OF: Dept. of Environmental Protection</p> | | <p>8078 717 8970 00 5103</p> | |
| <p><i>[Signature]</i> AUTHORIZED SIGNATURE</p> | | <p>BANK OF AMERICA, NA, AT NAPLES, FLORIDA 34103 000122998111 12/17/03 6540324548</p> | |

Check #004296 Amount \$50.00

Check #004296 Amount \$50.00

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

| | | |
|---|----|--|
| Postage | \$ | |
| Certified Fee | | |
| Return Receipt Fee (Endorsement Required) | | |
| Restricted Delivery Fee (Endorsement Required) | | |

*Delivered
 Oct 03
 Mar 04*

Total Pos 10 0210087001AG
 1 HR PROFESSIONAL CLEANERS
 Sent To DENNIS E BAMBERG
 Street, Apt. or PO Box 3050 TAMiami TRAIL
 City, State, ZIP+4® NAPLES, FL 34103

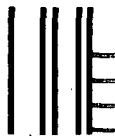
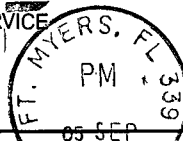
PS Form 3800, June 2002 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY | | | | | | |
|---|---|--|---------------------------------------|-------------------------------------|---|---------------------------------------|---------------------------------|
| <ul style="list-style-type: none"> ■ 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. <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> 10 0210087001AG 1 HR PROFESSIONAL CLEANERS DENNIS E BAMBERG 3050 TAMiami TRAIL NAPLES, FL 34103 </div> | <p>A. Signature <i>Stacy P. Lujan</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery 9-5-03</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> | | | | | | |
| | <p>3. Service Type</p> <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Certified Mail</td> <td><input type="checkbox"/> Express Mail</td> </tr> <tr> <td><input type="checkbox"/> Registered</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td><input type="checkbox"/> C.O.D.</td> </tr> </table> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> | <input checked="" type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail | <input type="checkbox"/> Registered | <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> Insured Mail | <input type="checkbox"/> C.O.D. |
| <input checked="" type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail | | | | | | |
| <input type="checkbox"/> Registered | <input type="checkbox"/> Return Receipt for Merchandise | | | | | | |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> C.O.D. | | | | | | |

7003 0500 0004 0144 3254

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 •

DARM/MOBILE SOURCE CONTROL PRG
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

RECEIVED
SEP 9 2003

Bureau of Air Monitoring
& Mobile Sources

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

Bureau of Air Monitoring
& Mobile Sources

JAN 29 2003

RECEIVED

TOTAL AMOUNT DUE: \$50.00

422179 JAN24 2003

Do NOT Remove Label

| | |
|--|-----------------|
| 1 HR PROFESSIONAL CLEANERS LOUIS BECKER 3050 TAMiami TRAIL N NAPLES FL 34103 | AIRS ID#0210087 |
|--|-----------------|

| |
|--|
| FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1 Fund: 20-2-035001 Obj.: 002273 |
|--|

| | |
|--------------------------------|---|
| ONE HOUR PROFESSIONAL CLEANERS | 3504 |
| Permitting expense | 50.00 |
| 1/20/03 | 3504 Dept. of Environmental Protect \$50.00 |



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

413619 JAN28 2002

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID # 0210087
1 HR PROFESSIONAL CLEANERS
LOUIS BECKER
3050 TAMiami TRAIL N
NAPLES FL
34103

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273

ONE HOUR PROFESSIONAL CLEANERS

2298

Permitting expense

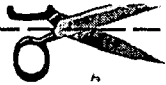
50.00

1/24/02

2298

Dept. of Environmental Protect

\$50.00



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

402971

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID # 0210087
1 HR PROFESSIONAL CLEANERS
LOUIS BECKER
3050 TAMiami TRAIL N
NAPLES FL 34103

1-17-01 pl
RECEIVED
MAIL ROOM
JAN 17
FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273

0210087-002

1/12/2000

Spoke with Rogie Becker and he stated that the dry to dry machine is approximately 1-1/2 years old. It also has a refrigerated condenser as a control device. The previous notification (project 001) showed a purchase date of 10/10/1994. The facility has New Machines. Facility also has 20 HP boiler for steam..

p15

1(a) Circle NEW and RC for a new status and a refrigerated control device.

p16

4) New machines at small area source should be marked.

5. All steam and hot water... should be marked. Mark out "X" at No such units on-site and initial. Add 20 in first slot for HP.

p17

Responsible Official sign and date for changes.

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY | |
|--|---|--------------------------------|
| <ul style="list-style-type: none"> 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. | A. Received by (Please Print Clearly) | B. Date of Delivery 2-19-00 |
| | C. Signature Speria F... <input type="checkbox"/> Agent <input type="checkbox"/> Addressee | |
| 1. Article Addressed to: 0210087 1 HR PROFESSIONAL CLEANERS LOUIS BECKER 3050 TAMIAWI TRAIL NAPLES, FLORIDA 34103 | D. Is delivery address different from item 1? If YES, enter delivery address below: | |
| | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 2. Article Number (Copy from service label) 7333 667 390 | 3. Service Type | |
| | <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. | |
| PS Form 3811, July 1999 | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes | |
| Domestic Return Receipt | | |
| 102595-99-M-1789 | | |

Z 333 667 390

US Postal Service - 2000
Receipt for Certified Mail
 No Insurance Coverage Provided. 0210087
 Do not use for International Mail (See reverse)

| | |
|---|----------------------------|
| Sent to | 1 HR PROFESSIONAL CLEANERS |
| Street & Number | 3050 TAMIAWI TRAIL |
| Post Office, State, & ZIP Code | NAPLES FL 34103 |
| 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 | |

PS Form 3800, April 1995

Fold at line over top of envelope to the right of the return address

SENDER: [Redacted] **SECTION ON DELIVERY**

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:

AIRS ID # 0210087

1 HR PROFESSIONAL CLEANERS
 DENNIS E BAMBERG
 3050 TAMIAMI TRAIL
 NAPLES FL 34103

A. Received by (Please Print Clearly) B. Date of Delivery
 _____ 2-12-08

C. Signature
 X *Mander Lumell* Agent Addressee

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)
 2333667139

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

Z 333 667 139

2000

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Sent to _____ AIRS ID # 0210087

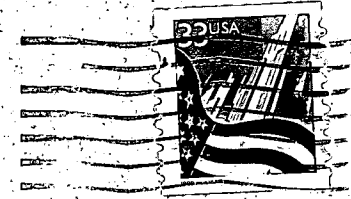
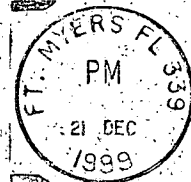
1 HR PROFESSIONAL CLEANERS
 DENNIS E BAMBERG
 3050 TAMIAMI TRAIL
 NAPLES FL 34103

| | |
|---|-----------|
| 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 | |

PS Form 3800 April 1995



3050 Tamiami Trail N.
Naples, FL 34103



GENERAL PERMITS SECTION
BUREAU OF MONITORING + MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION MS5510
2600 BLAIR STONE RD.
TALLAHASSEE, FL 32399-2400

32399-2400

Z 210 662 281

US Postal Service
Receipt for Certified Mail

No Insurance Coverage Provided

AIRS ID # 0210087

1 HR PROFESSIONAL CLEANERS
LOUIS BECKER
3050 TAMIAMI TRAIL
NAPLES FL 34103

2000

PS Form 3800, April 1995

| | |
|---|-----------|
| 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 | |

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:

1 HR PROFESSIONAL CLEANERS
LOUIS BECKER
3050 TAMIAMI TRAIL
NAPLES FL 34103

AIRS ID # 0210087

Z 210 662 281

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

2-29-00

C. Signature

X

Agent

Addressee

D. Is delivery address different from item 1?

Yes

If YES, enter delivery address below:

No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

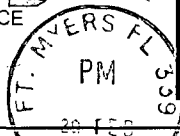
Insured Mail

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4. Restricted Delivery? (Extra Fee)

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