

Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

April 23, 2001

Ms. Yasmin Lakhani  
President  
7th Avenue Dry Cleaner  
10192 Northwest 7th Avenue  
Miami, Florida 33150

Re: Facility No.: 0250870-002

Dear Ms. Lakhani:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on March 19, 2001.

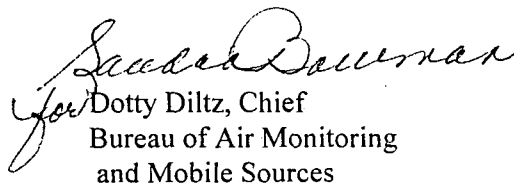
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"More Protection, Less Process"

Printed on recycled paper.

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED  
JUN 22 2005  
DEPARTMENT OF AIR, WATER,  
& 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): SAEEDA S KANZIA Corporation
2. Site Name (For example, plant name or number): PLANT
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: City: 10192 NW TAVE County: FL Zip Code: 33150
5. Facility Identification Number (DEP Use ONLY, do not fill in): 0250870-002

Responsible Official

6. Name and Title of Responsible Official: Name: YASMIN LAKHANI Title: President
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: 10192 NW County: MIAMI Zip Code: 33150
8. Responsible Official Telephone Number: Telephone: ( 305 ) 757-9680 Fax: ( )

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): AS ABOVE
10. Facility Contact Address: Street Address: City: County: Zip Code:
11. Facility Contact Telephone Number: Telephone: ( ) Fax: ( )



**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")
11/95	Existing <u>New</u>	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

**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".)

Existing machines at small area source  
(NONE REQUIRED)

New machines at small area source  
Refrigerated condenser

Existing machines at large area source  
Carbon adsorber   
Refrigerated condenser

New machines at large area source  
Refrigerated condenser

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: 20

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.*

YASMIN LAKHANI  
Print name of responsible official

Yasmin Lakhani  
Signature

06-16-05  
Date

0250870-002

3/29/2001

Spoke to Mr. Zuhani and he stated that the perc total for year 2000 come up to be 12 gallons.

q15 (a) "New" should be circled under Status.

2(a) Required. add # of gallons of perc used in past 12 months.

p16

4. New machine at small area source should be marked.

q17

Responsible official sign and date for changes made.





RECEIVED

PERCHLOROETHYLENE DRY CLEANER **MAR 19 2001**  
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):	SAEEDA V SHAHZIA Corporation	
2. Site Name (For example, plant name or number):	7th Ave Dry Cleaner	
3. Hazardous Waste Generator Identification Number:		
4. Facility Location:	Street Address: 10192 N.W 7th Avenue City: MIAMI County: DADE Zip Code: 33150	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0250810-002	

Responsible Official

6. Name and Title of Responsible Official:	Name: YASMIN LAKHANI Title: PRESIDENT	
7. Responsible Official Mailing Address:	Organization/Firm: 7th Ave Dry Cleaner Street Address: 10192 N.W 7th Avenue City: MIAMI County: DADE Zip Code: 33150	
8. Responsible Official Telephone Number:	Telephone: (305) 757-9680 Fax: ( ) -	

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	YASMIN LAKHANI	
10. Facility Contact Address:	Street Address: 10192 W.W 7th Ave City: MIAMI County: DADE Zip Code: 33150	
11. Facility Contact Telephone Number:	Telephone: (305) 757-9680 Fax: ( ) -	

**Facility Information**

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

How many dry-to-dry machines do you have on-site? [ 1 ]

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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")
11.95	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? [ 0 ]

How many dryers/reclaimers do you have on-site? [ 0 ]

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:

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_____	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><br>(NONE REQUIRED) <input type="checkbox"/>                                                    | <u>New machines at small area source</u><br>Refrigerated condenser <input type="checkbox"/> |
| <u>Existing machines at large area source</u><br>Carbon adsorber <input type="checkbox"/><br>Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u><br>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?  1

For each boiler, indicate its horsepower (HP) rating:  20

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
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- (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.*

YASMIN LAKHANI  
Print name of responsible official

Jasmin Lakhani  
Signature

03-10-01  
Date

**THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING**

444539 JAN14 2005

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# 250870 10  
7TH AVENUE DRY CLEANERS  
10192 NW 7TH AVENUE  
MIAMI, FL 33150

Bureau of Air Monitoring  
& Mobile Sources

JAN 18 2005

RECEIVED

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

*Printed on recycled paper.*



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

413955 FEB11 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 # 0250870  
7TH AVENUE DRY CLEANERS  
YASMIN LAKHANI  
10192 NW 7TH AVENUE  
MIAMI FL  
33150

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

422849 FEB12 2003

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#0250870

7TH AVENUE DRY CLEANERS  
YASMIN LAKHANI  
10192 NW 7TH AVENUE  
MIAMI FL  
33150

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

435602 JAN23 2004 X

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

250870  
YASMIN LAKHANI  
7TH AVENUE DRY CLEANERS  
10192 NW 7TH AVENUE  
MIAMI FL 33150

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

Bureau of Air Monitoring  
& Mobile Source Control  
JAN 26 2004

RECEIVED



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

457251 DEC23 2005

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

250870 10  
7TH AVENUE DRY CLEANERS  
10192 NW 7TH AVENUE  
MIAMI, FL 33150

FLAIR ACCT. CODE 3302035001375010000  
BENEFITTING OBJECT CODE 002000  
BENEFITTING CATEGORY 000200

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

Printed on recycled paper.

Bureau  
& Municipalities

DEC 28 2005

RECEIVED

**THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING**

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

**TOTAL AMOUNT DUE: \$50.00**

466380 DEC22 2006

Do **NOT** Remove Label

AIRS ID# 250870  
SAEEDA & SHAHZIA  
CORPORATION  
10192 NW 7TH AVENUE  
MIAMI, FLORIDA 33150

Bureau of Air Mail  
& Mobile Services

DEC 27 2006

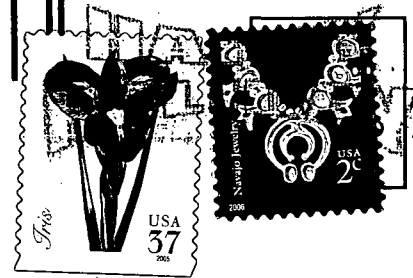
FLAIR ACCT. CODE 372020350013755010000  
BENEFITTING OBJECT CODE 002000  
BENEFITTING CATEGORY 000200

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

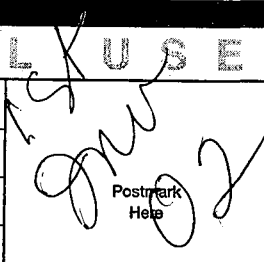
Printed on recycled paper.

MIAMI FL 33

20 DEC 2006 PM 6 T



TITLE V - General Permit  
Receipts  
Post Office Box 3070  
Tallahassee, FL 32315-3070

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
<b>OFFICIAL USE</b>	
Postage \$	 Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage</b>	AIRS ID#0250870
<b>Sent To</b>	7TH AVENUE DRY CLEANERS
	YASMIN LAKHANI
<b>Street, Apt. #</b>	10192 NW 7TH AVENUE
	MIAMI FL
<b>City, State, Zip</b>	33150
PS Form 3800, May 2000      See Reverse for Instructions	

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>	<table border="1" style="width: 100%;"> <tr> <td>A. Received by (Please Print Clearly)</td> <td>B. Date of Delivery <i>2/7/03</i></td> </tr> <tr> <td>C. Signature <i>Yasmin Lakhani</i></td> <td><input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</td> </tr> <tr> <td>D. Is delivery address different from item 1? If YES, enter delivery address below:</td> <td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> </table>	A. Received by (Please Print Clearly)	B. Date of Delivery <i>2/7/03</i>	C. Signature <i>Yasmin Lakhani</i>	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
A. Received by (Please Print Clearly)	B. Date of Delivery <i>2/7/03</i>						
C. Signature <i>Yasmin Lakhani</i>	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee						
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
1. Article Addressed to:  <div style="text-align: right; margin-right: 50px;">AIRS ID#0250870</div> 7TH AVENUE DRY CLEANERS YASMIN LAKHANI 10192 NW 7TH AVENUE MIAMI FL 33150	3. Service Type <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.						
2. Article Number (Transfer from service label)  <i>700002870000070275418</i>	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes						
PS Form 3811, March 2001      Domestic Return Receipt      102595-01-M-1424							

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 •

BUR. OF AIR MONITORING & MOBILE SOURCES  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring  
& Mobile Sources

FEB 12 2003

RECEIVED

<b>U.S. Postal Service</b>	
<b>CERTIFIED MAIL RECEIPT</b>	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
<b>OFFICIAL USE</b>	
Postage \$	<i>Receipt</i> Postmark Here <i>02</i>
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage</b> 10	<b>AIRS ID #</b> 0250870001AG
<b>Sent To</b>	<b>CESAR PEREZ</b>
<b>Street, Apt. N</b>	<b>7TH AVENUE DRY CLEANERS</b>
<b>City, State, ZI</b>	<b>10192 NW 7TH AVENUE</b>
	<b>MIAMI FL</b>
	<b>33150</b>
<small>PS Form 3800, May 2000 See Reverse for Instructions</small>	

7000 1670 0013 3095 3812

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>	<p>A. Received by <i>(Please Print Clearly)</i> B. Date of Delivery  <i>7/29/02</i></p> <p>C. Signature  <i>X Yasmir Lopez</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</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>1. Article Addressed to:</p> <p>10 AIRS ID # 0250870001AG          CESAR PEREZ          7TH AVENUE DRY CLEANERS          10192 NW 7TH AVENUE          MIAMI FL          33150</p>	<p>3. Service Type  <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.</p>
<p>2. Article Number  <i>(Transfer from service label)</i> 7000 1670 0013 3095 3812</p>	<p>4. Restricted Delivery? <i>(Extra Fee)</i> <input type="checkbox"/> Yes</p>
<p>PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424</p>	