

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

February 25, 2003

Mr. Denis Lamarre
Normandy Cleaners
962 Normandy Drive
Miami Beach, Florida 33141

Re: Facility No.: 0250872-002

Dear Mr. Lamarre:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 24, 2003.

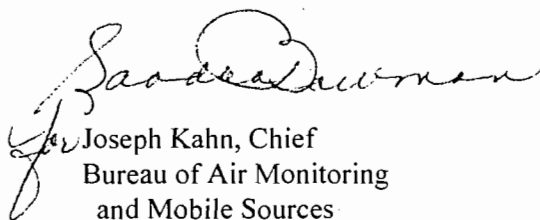
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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


Joseph Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Ms. Mallika Muthiah, Dade County

"More Protection, Less Process"

Printed on recycled paper.

Fees 97-00	missing 2001
SOC	6
Compliance	MNC

Dibble, Dickson

From: Gordon, Ray (DERM) [GordoR@miamidade.gov]
Sent: Wednesday, October 03, 2007 8:04 AM
To: Dibble, Dickson
Subject: RE: 0250705

In my initial email I sent you the wrong facility (0250705) to inactivate. It should have been 0250872. Meanwhile we found another facility 0251032 which is also closed, therefore I am requesting deactivation of 0251032 & 0250872

Sorry for the mix up.

-----Original Message-----

From: Dibble, Dickson [mailto:Dickson.Dibble@dep.state.fl.us]
Sent: October 03, 2007 8:00 AM
To: Gordon, Ray (DERM)
Cc: Delgado, Frank (DERM); Bowman, Sandy; Grant, Patricia
Subject: RE: 0250705

Ray,

Am I missing something? Your request was to ~~INACTIVATE~~ (250705). What is your question regarding 0251032 & 0250872?

Dick

Dickson E. Dibble

FL Dept of Environmental Protection
 Div. of Air Resource Management
 Bureau of Air Monitoring & Mobile Sources
 Air General Permit Program
 (850) 921-9586
 SunCom 291-9586
 ICG-#345
Dickson.Dibble@dep.state.fl.us



Please note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure

From: Gordon, Ray (DERM) [mailto:GordoR@miamidade.gov]
Sent: Wednesday, October 03, 2007 7:46 AM
To: Dibble, Dickson
Cc: Delgado, Frank (DERM); Bowman, Sandy; Grant, Patricia
Subject: RE: 0250705

The facilities in question are 0251032 & 0250872

-----Original Message-----

From: Dibble, Dickson [mailto:Dickson.Dibble@dep.state.fl.us]
Sent: October 02, 2007 4:15 PM
To: Gordon, Ray (DERM)
Cc: Delgado, Frank (DERM); Bowman, Sandy; Grant, Patricia
Subject: RE: 0250705

Ray,

According to our records in ARMS, the subject-item facility has been INACTIVE since JANUARY 22, 2004.

Dick

Dickson E. Dibble

FL Dept of Environmental Protection
Div. of Air Resource Management
Bureau of Air Monitoring & Mobile Sources
Air General Permit Program
(850) 921-9586
SunCom 291-9586
ICG- #345
Dickson.Dibble@dep.state.fl.us



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The Department of Environmental Protection values your feedback as a customer. DEP Secretary Michael W. Sole is committed to continuously assessing and improving the level and quality of services provided to you. Please take a few minutes to comment on the quality of service you received. Simply click on [this link to the DEP Customer Survey](#). Thank you in advance for completing the survey.

From: Gordon, Ray (DERM) [mailto:GordoR@miamidade.gov]

Sent: Tuesday, October 02, 2007 10:16 AM

To: Dibble, Dickson

Cc: Delgado, Frank (DERM)

Subject: 0250705

Please make this facility (250705) inactive. An inspection on 8/3/07 indicated that it is out of business

Ray A. Gordon

Air Compliance Project Manager

Office:305-372-6925

gordor@miamidade.gov

"Delivering Excellence Every Day"

EJH DRY CLEANERS INC
DBA NORMANDY CLEANERS AND LAUNDRY
962 NORMANDY DRIVE
MIAMI BEACH, FL 33141

1844

63-841/670
BRANCH 6265F

DATE 02/20/03

PAY
TO THE
ORDER OF

DEPT OF ENVIRONMENTAL PROTECTION

\$ 75.00

- SEVENTY FIVE

xx/xx DOLLARS



UNION PLANTERS BANK

FOR ID# 0250872



[Handwritten signature]

3755
2273

© HARLAND STYLE X10

RECEIVED

JAN 24 2003

Air Quality Management Division

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED

JAN 24 2003

Air Quality Management Division

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):
E.J.H DRY CLEANERS

2. Site Name (For example, plant name or number):
NORMANDY CLEANERS

3. Hazardous Waste Generator Identification Number:
FLD 003233012

4. Facility Location:
Street Address: 962 NORMANDY DRIVE
City: MIAMI BEACH County: DADE Zip Code: 33141

5. Facility Identification Number (DEP Use Only) (Do not fill):
0250872-002

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FEB 10 2003
Bureau of Air Monitoring & Mobile Sources

Responsible Official

6. Name and Title of Responsible Official: DENIS LAMARRE
Name: DENIS LAMARRE Title: PRESIDENT

7. Responsible Official Mailing Address:
Organization/Firm:
Street Address: SAME
City: County: Zip Code:

8. Responsible Official Telephone Number:
Telephone: (305) 866 3144 Fax: ()

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):

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")
OCT-1990	<input checked="" type="radio"/> Existing <input type="radio"/> New	<input checked="" type="radio"/> RC <input type="radio"/> CA <input type="radio"/> 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".)

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? 1

For each boiler, indicate its horsepower (HP) rating: 10 H P

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:

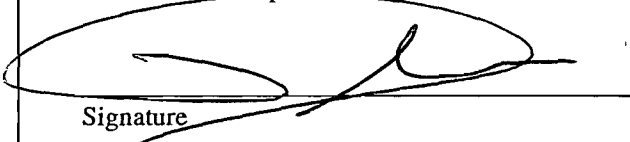
- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are _____
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

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.

DENIS LAMARR
Print name of responsible official


Signature

01/24/2003
Date

BEST AVAILABLE COPY

MS# 5510 MC Acct# 5527

Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee FL 32399-2400



016H16501646

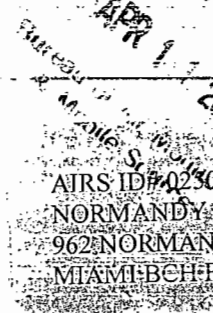
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03/23/2007

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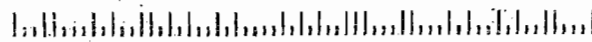


AIRS ID# 0230872
NORMANDY CLEANERS
962 NORMANDY AVENUE
MIAMI BCH FL

NIXIE 331 1 07 04/09/07

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

BC: 32399240099 *0938-07949-23-36



33141+2926-323992400

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MS# 5510 MC Acc# 5527

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MAR 20 2007
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32399 FL

AIRS ID#250872
E.J.H. DRY CLEANERS
962 NORMANDY DRIVE
MIAMI BEACH, FLORIDA 33141

*Vacant
NO Fingertived*

NIXIE 331 1 07 03/18/07

RETURN TO SENDER
VACANT
UNABLE TO FORWARD

BC: 32399240099 *0838-15445-08-35

323992400
33141+2926-62 0037



ESTH DAY CLEANERS
960 NORMAN ST.
MIAMI BEACH, FL 33141

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FEB 25 2003

Bureau of Finance
and Accounting
REVENUE



Bureau of Air Monitoring
& Mobile Sources

FEB 24 2003

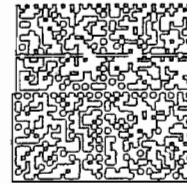
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GENERAL PERMITS SECTION
BUREAU OF AIR MONITORING AND MOBILE SOURCES
MS 5510
DEPT OF ENVIRONMENTAL PROTECTION
2600 BLAIR STONE ROAD
TALLAHASSEE, FL. 32399-2400

32399+2400

MS# 5510 MC Acct# 5527

Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee FL 32399-2400



Master

016H16501646

\$00.390

02/02/2007

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MAR 19 2007
Bureau of Air Monitoring
& Mobile Sources

ank

AIRS ID#250872
E.J.H. DRY CLEANERS *Normandy Cleaners*
962 NORMANDY DRIVE *Avenue*
MIAMI BEACH, FLORIDA 33141
NIXIE 331 1 07 03/16/07

Deniskamame
305/866-3144

323992400
33141+2925-62 0037

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Restricted Delivery Fee (Endorsement Required)		
Total Postage		AIRS ID # 250872

Sent To: DENIS LAMARRE
 NORMANDY CLEANERS
 962 NORMANDY AVENUE
 MIAMI BEACH, FL 33141

PS Form 3800

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>A. Signature </p> <p style="text-align: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p style="text-align: right;">AIRS ID # 250872</p> <p>DENIS LAMARRE NORMANDY CLEANERS 962 NORMANDY AVENUE MIAMI BEACH, FL 33141</p> </div>	<p>B. Received by (Printed Name) C. Date of Delivery </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>2. Article Number (Transfer from service label)</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>7003 0500 0004 0144 8945</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

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2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

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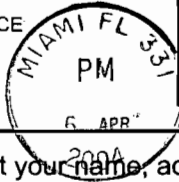
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Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage AIKS ID # 250872		
Sent To NORMANDY CLEANERS		
DENIS LAMARRE		
Street, Apt. No., or PO Box No. 962 NORMANDY AVENUE		
City, State, ZIP MIAMI BEACH, FL 33141		

PS Form 3800, JULY 1996 ID # 050000

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>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery 2/16/04</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> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="font-size: 0.8em;">AIKS ID # 250872</p> <p>NORMANDY CLEANERS DENIS LAMARRE 962 NORMANDY AVENUE MIAMI BEACH, FL 33141</p> <p style="text-align: right; font-size: 1.2em; font-weight: bold;">#0250872</p> </div>	<p>3. Service Type</p> <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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number <i>(Transfer from service label)</i></p>	<div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">7003 0500 0004 0144 4626</div>

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GREET
FROM
Far Far Away

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DEPT. OF ENVIRONMENTAL PROTECTION
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TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

APR 8 2004

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Restricted Delivery Fee (Endorsement Required)		

AIRS ID# 250872 1stC
 NORMANDY CLEANERS
 962 NORMANDY DRIVE
 MIAMI BEACH, FL 33141

PS Form 3800, June 2002 or Instructions

7004 2510 0002 3939 2687

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>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>X</i> <i>D. L...</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</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 style="font-size: 1.2em;"><i>1040 71st #103</i> <i>Miami Beach FL 33141</i></p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <p>AIRS ID# 250872 1stC NORMANDY CLEANERS 962 NORMANDY DRIVE MIAMI BEACH, FL 33141</p> </div>	<p>3. Service Type</p> <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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number <i>(Transfer from service label)</i></p>	<div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 1.2em;"> 7004 2510 0002 3939 2687 </div>

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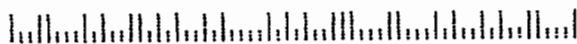
MAR 3 - MAR 13, 2005

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2800 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

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Restricted Delivery Fee (Endorsement Required)		
Total		
AIRS ID#0250872.....2 nd Cert 05		
Sent to: NORMANDY CLEANERS		
962 NORMANDY DRIVE		
MIAMI BEACH, FL 33141		

PS Form 3800, June 2002 See Reverse for Instructions

7004 2510 0004 6986 5500

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<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>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>A. Wilson</u> Date of Delivery <u>MAR 04 2005</u></p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <u>1040 71st #100</u> <u>Miami Beach, FL 33141</u></p>
<p>1. Article Addressed to:</p> <p>AIRS ID#0250872.....2nd Cert 05 NORMANDY CLEANERS 962 NORMANDY DRIVE MIAMI BEACH, FL 33141</p>	<p>3. Service Type</p> <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.</p>
<p>2. Article Number <i>(Transfer from service label)</i></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

7004 2510 0004 6986 5500

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 •

Mar 20 10
Mobile Station

MAR

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DEPT. OF ENVIRONMENTAL PROTECTION
MOBILE SOURCE CONTROL PROGRAM
MAIL STATION 5510
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TALLAHASSEE, FLORIDA 32399-2400

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Total Postage: AIRS ID# 250872 3rd Cert04
 NORMANDY CLEANERS

Sent To: 962 NORMANDY DRIVE
 MIAMI BEACH, FL 33141

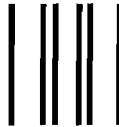
Street, Apt. No. or PO Box No.
 City, State, Zip

PS Form 3800, June 2002 See Reverse for Instructions

7004 2510 0004 6986 5951

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>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>X Louis Wilson</i></p> <p>B. Received by (Printed Name) C. Date of Delivery APR 08 2005</p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <i>1040 71st Miami Beach FL 33141</i></p>
<p>1. Article Addressed to:</p> <div style="border: 1px dashed black; padding: 10px; margin-top: 10px;"> <p>AIRS ID# 250872 3rd Cert04 NORMANDY CLEANERS 962 NORMANDY DRIVE MIAMI BEACH, FL 33141</p> </div>	<p>3. Service Type</p> <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.</p>
<p>2. Article Number (Transit)</p> <p style="font-size: large; font-weight: bold;">7004 2510 0004 6986 5951</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

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 PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

RECEIVED
APR 19 2005
Bureau of Air Monitoring
& Mobile Sources

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

423462 FEB24 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#0250872
NORMANDY CLEANERS DENIS LAMARRE 960-4 NORMANDY DRIVE MIAMI BEACH FL 33141

Bureau of Air
& Mobile
RECEIVED
FEB 28 2003
FOR GOVERNMENT USE ONLY
Org: 3755010-1000 EO: AI
Fund: 202-035001
Obj.: 002273

7003 2260 0003 5651 1922

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)	

Handwritten signature
Postmark Here

Total Post^{al} ID# 250872

Sent To DENIS LAMARRE
 Street, Apt. or PO Box NORMANDY CLEANERS
 962 NORMANDY AVENUE
 City, State MIAMI BEACH, FL 33141