



Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

September 25, 2000

Mr. B. Robb  
Firestar Cleaners  
17088 Collin Avenue  
Miami, Florida 33160

Re: Facility No.: 0251065-001

Dear Mr. Robb:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 14, 2000.

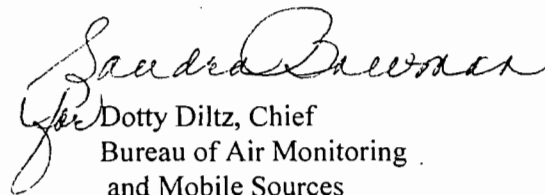
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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AUG 21 2000

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED

AUG 14 2000

Bureau of Air Monitoring  
& Mobile Sources

Part III. Notification of Intent to Use General Permit

Air Quality  
Management  
Division

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):	Froster Clean / MBM Les Savoie Inc.		
2. Site Name (For example, plant name or number):	Froster Cleaners -		
3. Hazardous Waste Generator Identification Number:	I-W-5027-95		
4. Facility Location:	Street Address:	City:	County: State Zip Code:
	17088 Colville Ave	Deer	3360
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0251062-001		

Responsible Official

6. Name and Title of Responsible Official:	Name:	Title:
	B. Rowe	V. President
7. Responsible Official Mailing Address:	Organization/Firm:	Street Address:
	City:	County: Zip Code:
	San	
8. Responsible Official Telephone Number:	Telephone:	Fax:
	(305) 919-7544	(305) 944-6112

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")
1995	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?

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 checked="" 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?

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

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AUG 14 2000

Air Quality  
Management Division

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 by 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.*

B. Owen  
Print name of responsible official

[Signature]  
Signature

8/9/00  
Date

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

448515 MAR 7 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# 251065 1stC  
FIRESTAR CLEANER  
17088 Collin Avenue  
MIAMI, FL 33160

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

*Printed on recycled paper.*

RECEIVED  
MAR 9 2005  
Bureau of Air Mail  
& Mobile Services

**U.S. Postal Service™**  
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OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee <small>(Endorsement Required)</small>		
Restricted Delivery Fee <small>(Endorsement Required)</small>		
Total Postage		

AIRS ID# 251065 1stC

*Sent To* FIRESTAR CLEANER

*Street, Apt. 1  
or PO Box N* 17088 Collin Avenue

*City, State, Z* MIAMI, FL 33160

PS Form 3811, February 2004 See Reverse for Instructions

7004 2510 0002 3939 0539

**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:

AIRS ID# 251065 1stC  
 FIRESTAR CLEANER  
 17088 Collin Avenue  
 MIAMI, FL 33160

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (*Printed Name*) C. Date of Delivery

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

3. Service Type

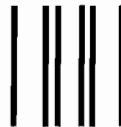
<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (*Extra Fee*)  Yes

2. Article Number  
*(Transfer from service label)*

7004 2510 0002 3939 0539

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

Rural Mailbox  
& Mobile Sources

FEB 11 2005

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01





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

437546 MAR 11 2004

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

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

ID# 251065  
B. ROBB  
FIRESTAR CLEANER  
17088 COLLIN AVENUE  
MIAMI, FL 33160

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

RECEIVED  
MAR 17 2004  
Bureau of Air Monitoring  
& Mobile Sources

**U.S. Postal Service™**  
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OFFICIAL USE

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

ID# 251065

Sent to: B. ROBB  
 Street or PO: FIRESTAR CLEANER  
 17088 COLLIN AVENUE  
 City, State, ZIP+4: MIAMI, FL 33160

PS Form 3811, August 2001

0960 0595 0000 0922 0003 5650 0360

Postmark Here

**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:

ID# 251065  
 B. ROBB  
 FIRESTAR CLEANER  
 17088 COLLIN AVENUE  
 MIAMI, FL 33160

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery

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 (Transfer from service label) 7003 2260 0003 5650 0360

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

Bureau of Air Monitoring  
& Mobile Sources

FEB 16 2004

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

7001 0320 0001 7976 0643

OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

AIRS ID # 0251065

FIRESTAR CLEANER

S. B. ROBB  
 17088 COLLIN AVENUE  
 MIAMI FL  
 33160

PS Form 3800, January 2001 See Reverse for Instructions

**SEND**

- 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 # 0251065

FIRESTAR CLEANER  
 B. ROBB  
 17088 COLLIN AVENUE  
 MIAMI FL  
 33160

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by: (Please Print Clearly) *BOB JENSEN* B. Date of Delivery *JUN 8 - 2002*

C. Signature *Bob Jensen*  Agent  Addressee

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

*Bob Jensen*

3. Service Type

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

4. Restricted Delivery? (Extra Fee)  Yes

7001 0320 0001 7976 0643

UNITED STATES POSTAL SERVICE



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Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

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

Bureau of Air Monitoring  
& Mobile Sources

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MAR 14 2002

**BEST AVAILABLE COPY**



(cut here)

**THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PA.**

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

415130 MAR11 2002

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

AIRS ID # 0251065  
FIRESTAR CLEANER  
B. ROBB  
17088 COLLIN AVENUE  
MIAMI FL  
33160

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

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

7000 0600 0026 4128 7850

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		

AIRS ID # 0251065

Recip FIRESTAR CLEANER  
 Street B. ROBB  
 17088 COLLIN AVENUE  
 City, State MIAMI FL  
 33160

**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:

AIRS ID # 0251065  
 FIRESTAR CLEANER  
 B. ROBB  
 17088 COLLIN AVENUE  
 MIAMI FL  
 33160

2. Article Number (Copy from service label)

7000 0600 0026 4128 7850

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

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

Best Available Copy

UNITED STATES POSTAL SERVICE



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Postage & Fees Paid  
USPS.  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

DARMMOBILE SOURCE CONTROL PROGRAM  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 ELAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

DEPT. OF Air Monitoring  
& Mobile Sources

FEB 18 2001

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re)

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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**

422901 FEB13 2003

Do **NOT** Remove Label

AIRS ID#0251065

FIRESTAR CLEANER  
 B. ROBB  
 17088 COLLIN AVENUE  
 MIAMI FL  
 33160

Bureau of Air Monitoring  
& Waste Sources

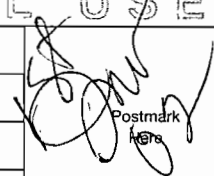
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FEB 19 2003

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 Org: 37550101000 EO: A1  
 Fund: 20-2-035001  
 Obj: 002273

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*(Domestic Mail Only; No Insurance Coverage Provided)*

OFFICIAL USE

7001 0320 0001 7975 6561

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
<b>Total Pr</b>		

AIRS ID#0251065

Sent To **FIRESTAR CLEANER**  
**B. ROBB**  
 Street, Apt or PO Box **17088 COLLIN AVENUE**  
 City, State **MIAMI FL**  
**33160**

PS Form 3811, July 1999

**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.

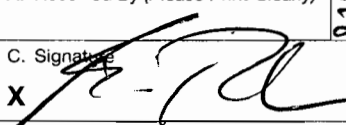
1. Article Addressed to:

AIRS ID#0251065

**FIRESTAR CLEANER**  
**B. ROBB**  
**17088 COLLIN AVENUE**  
**MIAMI FL**  
**33160**

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) \_\_\_\_\_ B. Date of Delivery **2/7/03**

C. Signature   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)  
 7001 0320 0001 7975 6561

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Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

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

Bureau of Air Monitoring  
& Mobile Sources

FEB 10 2003

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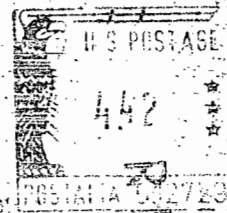
**CERTIFIED MAIL**

MS# 5510 MC Acct # 5521

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



7003 0500 0004 0144 9263



RETURN TO SENDER  
 RETURN TO ADDRESSEE  
 NO SUCH #  NO ADDRESS  
 UNDELIVERED  RECALL APT. #

AIRS ID # 254365  
 FIRE MARSHAL  
 17088 GREEN AVENUE  
 MIAMI, FL 33160

*REFUSED*  
*3/6/04*

Bureau of Air Monitoring  
& Control District

MAR 15 2004

**RECEIVED**

11

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p><input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</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 # 251065</p> <p>B. ROBB            FIRESTAR CLEANER            17088 COLLIN AVENUE            MIAMI, FL 33160</p> </div> <p>2. Article Number            (Transfer from service label)</p>	<p>A. Signature</p> <p><input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>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>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>7003 0500 0004 0144 9263</p>	
<p>PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540</p>	

U.S. Postal Service

**CERTIFIED MAIL RECEIPT**  
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OFFICIAL USE

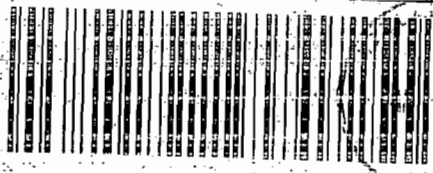
Postage \$	Postmark Here <i>2nd Ct</i> <i>2003</i>
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	
AIRS ID # 251065	
Sent To B. ROBB FIRESTAR CLEANER 17088 COLLIN AVENUE MIAMI, FL 33160	
Street, Apt. No., or PO Box No. City, State, ZIP	
PS Form 3800, June 2002 See Reverse for Instructions	

7003 0500 0004 0144 9263

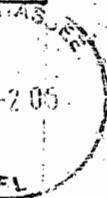
CERTIFIED MAIL

MS# 57 010 MC Acct # 5024

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



7004 2510 0002 3439 4605



RETURNED TO SENDER  
 REFUSED  
 NO SUCH #  
 UNCLAIMED  
 ATTEMPTED NOT KNOWN  
 DECEASED  
 NO POSTAGE  
*Refused*

AIRES ID#0251065.....2<sup>nd</sup> Cert. 05  
FIRESTAR-CLEANER  
5000 Gail Avenue  
MIAMI, FL 33155

RECEIVED  
MAR 10 2005  
Bureau of Air Monitoring  
& Mobile Sources

**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:

AIRS ID#0251065.....2<sup>nd</sup> Cert 05  
 FIRESTAR CLEANER  
 17088 Collin Avenue  
 MIAMI, FL 33160

2. Article Number  
 (Transfer from service label)

7004 2510 0002 3939 4605

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

STAMPED: CHECKS BEHIND, SEARCHED, INDEXED, SERIALIZED, FEB 10 2004, MIAMI, FL

7004 2510 0002 3939 4605

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	¢	

Sent To: AIRS ID#0251065.....2<sup>nd</sup> Cert 05  
 FIRESTAR CLEANER  
 Street, Apt. No., or PO Box No.: 17088 Collin Avenue  
 City, State, ZIP+4: MIAMI, FL 33160

PS Form 3800-JL