

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

September 21, 2001

Mr. Neary Kol
Hand Craft Cleaner, Inc.
2485 Monument Road #1
Jacksonville, Florida 32225

Re: Facility No.: 0310389-002

Dear Mr. Kol:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 6, 2001.

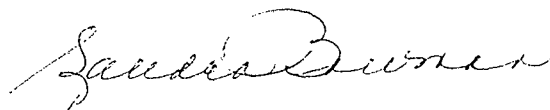
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"More Protection, Less Process"

Printed on recycled paper.

Fees Paid 96-00
SOC 4
Compliance IN

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
AUG - 6 2001
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): <i>NEARY KOL / HAND CRAFT CLEANER, INC.</i>
2. Site Name (For example, plant name or number): <i>HAND CRAFT CLEANER, INC.</i>
3. Hazardous Waste Generator Identification Number: <i>AIRS ID # 0310389001 AG</i>
4. Facility Location: Street Address: <i>2485 MONUMENT RD. #1</i> City: <i>JACKSONVILLE</i> County: <i>DUVAL</i> Zip Code: <i>32225</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>0310389-002</i>

Responsible Official

6. Name and Title of Responsible Official: Name: <i>NEARY KOL</i> Title: <i>VICE PRESIDENT</i>
7. Responsible Official Mailing Address: Organization/Firm: Street Address: <i>2485 MONUMENT RD. #1</i> City: <i>JACKSONVILLE</i> County: <i>DUVAL</i> Zip Code: <i>32225</i>
8. Responsible Official Telephone Number: Telephone: <i>(904) 645-8967</i> Fax: <i>(904) 565-1575</i>

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): <i>SAME AS ABOVE</i>
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? [01]

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")
10, 1989	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?

[236] 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:

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 DEP ID # 169500923.
- 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.

NEARY KOL
Print name of responsible official

Neary Kol
Signature

7-30-01
Date

Jacksonville, August 9, 2001

RECEIVED
AUG 13 2001
Bureau of Air Monitoring
& Mobile Sources

Dear Ms. Bowman,

Thank you for reviewing of the Perchloroethylene
Dry cleaners Air General Permit Notification Form.

I correct the mistake as you instruct and resubmit.
Would you please accept my apologin.

Sincerely yours

Neary Kol

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
AUG - 6 2001
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):	NEARY KOL / HAND CRAFT CLEANER, INC.		
2. Site Name (For example, plant name or number):	HAND CRAFT CLEANER, INC.		
3. Hazardous Waste Generator Identification Number:	AIRS ID # 0310389001 AG		
4. Facility Location:			
Street Address:	2485 MONUMENT RD. #1		
City:	County:	Zip Code:	
JACKSONVILLE	DUVAL	32225	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0310389-002		

Responsible Official

6. Name and Title of Responsible Official:			
Name:	NEARY KOL	Title:	VICE PRESIDENT
7. Responsible Official Mailing Address:			
Organization/Firm:	2485 MONUMENT RD. #1		
Street Address:	2485 MONUMENT RD. #1		
City:	County:	Zip Code:	
JACKSONVILLE	DUVAL	32225	
8. Responsible Official Telephone Number:			
Telephone:	(904) 645-8967	Fax:	(904) 565-1575

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Street Address:			
City:	County:	Zip Code:	
11. Facility Contact Telephone Number:			
Telephone:	() () -	Fax:	() ()

RECEIVED
AUG 13 2001
Bureau of Air Monitoring
& Mobile Sources

Facility Information

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<u>10, 1989</u>	<u>Existing</u> /New	RC/ <u>CA</u> /None required	<u>SAME</u>
_____	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?

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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

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236 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)

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 NK DEP # 16
- 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.

NEARY KOL
Print name of responsible official

Neary Kol
Signature Neary Kol

7-30-01
Date 8-9-01

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	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Post AIRS ID# 310389 1stC		
Sent To HAND CRAFT CLEANER		
2485 Monument Rd Suite #1		
Street, Apt. or PO Box JACKSONVILLE, FL 32225		
City, State, ZIP+4		

PS Form 3800, June 2002 See Reverse for Instructions.

7004 2510 0002 3939 3554

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 type="checkbox"/> Addressee</p> <p><i>[Signature]</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>2-16-05</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No if YES, enter delivery address below:</p> <p style="text-align: center;"><i>[Postmark]</i></p>
<p>1. Article Addressed to:</p> <p>AIRS ID# 310389 1stC HAND CRAFT CLEANER 2485 Monument Rd Suite #1 JACKSONVILLE, FL 32225</p>	<p>3. Service Type</p> <p><input checked="" 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>2. Article Number <i>(Transfer from service label)</i></p>	<p>Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

7004 2510 0002 3939 3554

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

Bureau of Air Monitoring
Mobile Source

FEB 16 2005

RECEIVED

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
7000 0600 0026 4128 8338	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total	
AIRS ID # 0310389	
Rec	HAND CRAFT CLEANER
Stre	NEARY KOL
	2485 MONUMENT ROAD #1
City	JACKSONVILLE FL
	32225
PSI	Instructions

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 # 0310389
 HAND CRAFT CLEANER
 NEARY KOL
 2485 MONUMENT ROAD #1
 JACKSONVILLE FL
 32225

2. Article Number (Copy from service label)

7000 0600 0026 4128 8338

COMPLETE THIS SECTION ON DELIVERY

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

ROSE M. LOWERY 2/11/02

C. Signature

Rose M. Lowery

- Agent
 Addressee

D. Is delivery address different from item? Yes

If YES, enter delivery address below: No

3. Service Type

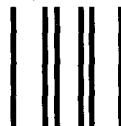
- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

- Yes

Best Available Copy

UNITED STATES POSTAL SERVICE



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 18 2003

RECEIVED

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

OFFICIAL USE

Postmark Here

Postage \$ _____

Certified Fee _____

Return Receipt Fee (Endorsement Required) _____

Restricted Delivery Fee (Endorsement Required) _____

Total Postage & Fees \$ _____

Sent To
 HAND CRAFT CLEANER
 NEARY KOL
 2485 MONUMENT ROAD #1
 JACKSONVILLE FL
 32225

AIRS ID#0310389

PS Form 3800, Jan 99

7001 0320 0001 7975 5236

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#0310389

HAND CRAFT CLEANER
 NEARY KOL
 2485 MONUMENT ROAD #1
 JACKSONVILLE FL
 32225

COMPLETE THIS SECTION ON DELIVERY

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

2-7-03

C. Signature

x Neary Kol Agent
 Addressee

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

3. Service Type

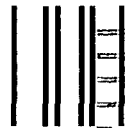
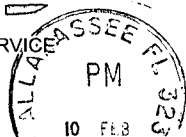
- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

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

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

7001 0320 0001 7975 5236

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 11 2003

RECEIVED



U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	
AIRS ID#0310389	
Sent To HAND CRAFT CLEANER NEARY KOL Street, Apt. or PO Box # 2485 MONUMENT ROAD #1 JACKSONVILLE FL City, State, 32225	
PS Form 3811, August 2001	

7001 0320 0001 7976 4283

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#0310389

HAND CRAFT CLEANER
NEARY KOL
2485 MONUMENT ROAD #1
JACKSONVILLE FL
32225

2. Article Number
(Transfer from service label)

7001 0320 0001 7976 4283

PS Form 3811, August 2001

Domestic Return Receipt

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

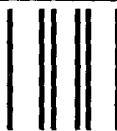
C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

102595-02-M-1540

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
and Mobile Sources

MAR 11 2003

RECEIVED





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

435498 JAN21 2004

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

310389
NEARY KOL
HAND CRAFT CLEANER
2485 MONUMENT ROAD #1
JACKSONVILLE FL 32225

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

~~Bureau of Air Monitoring
& Mobile Sources~~
RECEIVED
JAN 26 2004

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

458978 FEB16 2006

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

310389 10
HAND CRAFT CLEANER
2485 Monument Rd Suite #1
JACKSONVILLE, FL 32225

Bureau & Mobile Sources
AIR Monitoring
FEB 20 2006

RECEIVED

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.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

447433 FEB24 2005

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

TOTAL AMOUNT DUE: \$75.00

Do NOT Remove Label

AIRS ID# 310389 1stC
HAND CRAFT CLEANER
2485 Monument Rd Suite #1
JACKSONVILLE, FL 32225

FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A3
FUND: 20-2-035001
OBJECT: 002273

Printed on recycled paper.

RECEIVED
FEB 28 2005
Bu. & Mobile Sources
11. Monument



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.

TOTAL AMOUNT DUE: \$50.00

✓
424334 MAR 3 2003

Do NOT Remove Label

AIRS ID#0310389
HAND CRAFT CLEANER
NEARY KOL
2485 MONUMENT ROAD #1
JACKSONVILLE FL
32225

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

414318 FEB20 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 # 0310389
HAND CRAFT CLEANER
NEARY KOL
2485 MONUMENT ROAD #1
JACKSONVILLE FL
32225

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