

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

October 22, 2001

Mr. Carlos E. Boom
JDJ Amoco
8343 Hogan Road, Suite 137
Jacksonville, Florida 32216

Re: Facility No.: 0310510-001

Dear Mr. Boom:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 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: Mr. Wayne Tutt, Duval County

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

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
SEP 19 2003
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):	KARLOS E. BOOM NATIONAL CLEANER INC.		
2. Site Name (For example, plant name or number):	JDI AMOCO		
3. Hazardous Waste Generator Identification Number:	CETQG		
4. Facility Location: Street Address:	8636 BEACH BLVD.	City:	JACKSONVILLE
	County:	DUVAL	Zip Code: 32216
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0310570-001		

Responsible Official

6. Name and Title of Responsible Official: Name:	CARLOS E. BOOM.	Title:	VICE-PRESIDENT
7. Responsible Official Mailing Address: Organization/Firm:	NATIONAL CLEANERS + JDI AMOCO	Street Address:	8343 HOGAN RD. APT. #137
	City:	JACKSONVILLE	County: DUVAL
			Zip Code: 32216
8. Responsible Official Telephone Number: Telephone:	(904) 725-1862	Fax:	(904) 725-1862

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	CARLOS E. BOOM. VICE-PRESIDENT		
10. Facility Contact Address:	TOUCH DOWN DRY CLEANERS		
Street Address:	11316 BEACH BLVD. -	City:	JAX.
	County:	DUVAL	Zip Code: 32246
11. Facility Contact Telephone Number: Telephone:	(904) 641-3268	Fax:	(904) 725-1862

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")
_____	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	SAME
_____	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?

155 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 _____)

0310510-001

~~page~~ 10/17/01

Spoke to Carlos Boom and he stated that the dry to dry machine was purchased in Aug. 1999

-page 15

1(a) Add Date Initially purchased from Manufacturer.

New should be circled under Status for 1999 machines.

1(b) Mark out information for transfer machines.

-page 16

3. Large area source should be marked. mark out "X" by small area source.

4. New machines at large area source should be marked.

-page 17

Responsible official sign and date for changes made.

DEP ROUTING AND TRANSMITTAL SLIP

TO: (NAME, OFFICE, LOCATION) 3. _____
1. _____ 4. _____
2. _____ 5. _____

PLEASE PREPARE REPLY FOR:

- SECRETARY'S SIGNATURE
- DIV/DIST DIR SIGNATURE
- MY SIGNATURE
- YOUR SIGNATURE
- DUE DATE _____

ACTION/DISPOSITION

- DISCUSS WITH ME
- COMMENTS/ADVISE
- REVIEW AND RETURN
- SET UP MEETING
- FOR YOUR INFORMATION
- HANDLE APPROPRIATELY
- INITIAL AND FORWARD
- SHARE WITH STAFF
- FOR YOUR FILES

COMMENTS:

FROM: _____ DATE: _____ PHONE: _____

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
No such units on-site

OR

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 0310391.
- 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.

Carlos E. Boero
Print name of responsible official

[Signature]
Signature

9-12-2001
Date

Bowman, Sandy

From: Bill Coffman [COFFMAN@coj.net]
Sent: Friday, September 02, 2005 8:18 AM
To: Bowman, Sandy
Cc: Wayne Tutt
Subject: Arms database

Sandy

The following sites are no longer in operation, or are no longer using perc. Please remove them for the active site list in ARMS. We are currently in the process of determining what sites are valid perc sites and which are drop or out of business. This process is ongoing and will take a while.

0310359 No Cleaner at this location
0310510 Vacant Building
0310482 Drop Store
0310437 Drop Store
0310453 Closed
0310374 No longer using process

Site 0310504 and 0310525 are not showing up in the ASGP database, but are in the ARMS database both are active Dry Cleaners

Thanks Bill Coffman

Instructions for Completing Part III of Notification Form

The Perchloroethylene Dry Cleaning Facility Notification of Intent to Use General Permit, Part III of this form, shall be completed and submitted to the Division of Air Resources Management **at least 30 days prior to beginning operations under the general permit.** Please type or print clearly all information. A copy of this notification form shall be kept on-site and made available for review by Department personnel.

The responsible official of the facility, as defined in Part II of this notification form, is responsible for ensuring that the facility complies with all applicable terms and conditions of this general permit, as set forth in Part II of this form.

Mail the signed and completed Part III of this form to:

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

Facility Name and Location

1. **Facility Owner/Company Name** - Enter the name of the corporation, agency, or individual that has ownership or control of the dry cleaning facility for which this notification is submitted.
2. **Site Name** - Enter the common name, if any, of the facility site; for example, Plant A, Metropolis plant, etc. If more than one facility is owned, a notification form must be completed for each.
3. **Hazardous Waste Generator Identification Number** - Enter the hazardous waste generator identification number, if known, assigned by the Department to the facility.
4. **Facility Location** - Enter the street address and zip code of the facility and the city and county in which it is located.
5. **Facility Identification Number (DEP Use ONLY)** - Please leave this space blank. DEP will enter the facility identification number assigned to you by ARMS.

Responsible Official

6. **Name and Title of Responsible Official** - Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300, F.A.C.
7. **Responsible Official Mailing Address** - Enter the mailing address for the responsible official if different than the address entered in No. 4 above.
8. **Responsible Official Telephone Number** - Enter the telephone number and facsimile number, if available, at which the responsible official can be contacted.

Facility Contact

9. **Name and Title of Facility Contact** - Enter the name of the facility contact, if other than the responsible official. For example, a plant manager could be designated as the facility contact for Department inspections.

10. **Facility Contact Address** - Enter the mailing address for the facility contact, if different than the address entered in No. 4 above.
11. **Facility Contact Telephone Number** - Enter the telephone number and facsimile number, if available, at which this person can be contacted.

Facility Information

1. For each machine located at the facility, select the appropriate machine type and type of air pollution control device installed on the machine (for example, dry-to-dry unit w/ ref. condenser). If the dry-to-dry machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the dry-to-dry machine was purchased from the manufacturer after December 9, 1991, it is a **NEW** unit. Beginning with dry-to-dry machines, enter the date the machine was **initially purchased from the manufacturer** in the dd-mth-yy format. If you do not know the exact date of purchase, but can confirm it was prior to December 9, 1991, enter 08-DEC-91. Indicate the status of the machine as either new or existing. Circle the required control equipment for that machine (if required) and enter the date of its installation (in the dd-mth-yy format). If control equipment is required, but has not yet been installed, indicate this with an "X". If the control device was already included at the time of purchase, enter "SAME". Up to three dry-to-dry machines may be entered across this table. Complete the other table for transfer machines located at the facility, as applicable. Submit additional copies of these tables if more than three machines per type are located at the facility.
2. Enter the total amount, in gallons, of perchloroethylene consumed during the preceding twelve months. If this amount represents a period of less than twelve months, indicate the actual time period used to determine solvent consumption and the reason for this discrepancy (for example, new store). New owners should attempt to obtain solvent purchase records from the previous owner.
3. Using the amount of perc entered in No. 2 above, select the facility's classification. The classification is based on the definitions found in paragraph (3) of Part II.
4. Indicate which control technology is required on machines pursuant to paragraph (5) of Part II, based upon the selection in No. 3 above. Existing small area sources are not required to install any additional control equipment.
5. Indicate with an "X" that all steam and hot water generating units on-site are exempt from permitting pursuant to Rule 62-210.300(3), F.A.C., or that the facility has no such units on-site. Provide information on the quantities of boilers, their horsepower rating(s), and fuel used.

Equipment Monitoring and Recordkeeping Information

6. Indicate all logs which are required to be kept on-site in accordance with the requirements of this notification form with an "X".

Surrender of Existing DEP Air Permit(s)

7. Rule 62-213.300(2)(a)2., F.A.C., makes the surrender of all existing DEP air permits authorizing the operation of a facility a condition precedent for the entitlement to a DEP air general permit. Indicate whether the responsible official surrenders such permit(s) or whether no such permit(s) exist with an "X" and list all existing DEP air permit numbers.

Responsible Official Certification

This statement must be both printed and signed by the person named on page 13, Field 6, of this form.

IMPORTANT

A facility is eligible to operate under a Title V air general permit for no more than five (5) years. Your facility is approaching the end of the five (5) year period for which it was entitled to operate with an air Title V general permit

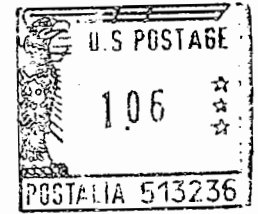
- If you wish to **continue** your entitlement, please complete the enclosed notification form and return it to the Department of Environmental Protection at the address included with the notification form. A fee is not required with this notification submittal

If you are a new owner, please check this and return this form with your completed notification form.

If you are a **new RO** (Responsible Official), and/or your existing business has **moved** to a new location, please check this box and return this form with your completed notification form.

- If you **do not** wish to continue your **eligibility**, please disregard this notice.

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
MS 5510-37550 304000
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32399-2400



RECEIVED
DEC 16 2003
Bureau of Air Monitoring
& Mobile Sources

RETURNED TO SENDER
NOT DELIVERABLE AS
ADDRESSED - UNABLE TO
FORWARD
JACKSONVILLE, FL 32216-9908
FD# 31059108
CARLOS BOOM
JDJ AMOCO
8636 BEACH BOULEVARD
JACKSONVILLE FL 32216



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

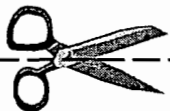
TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

**Title V Air General Permits
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070**



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

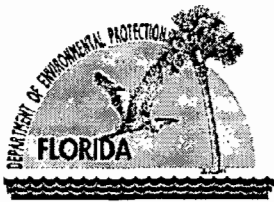
Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

310510
CARLOS BOOM
JDJ AMOCO
8343 HOGAN ROAD APT 137
JACKSONVILLE FL 32216

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



Department of Environmental Protection

Jeb Bush
Governor

Division of Air Resource Management
2600 Blair Stone Road, MS 5510
Tallahassee, Florida 32399-2400

Colleen M. Castille
Secretary

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**Title V Air General Permits
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070**

(CUT HERE)

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

Do NOT Remove Label

AIRS ID# 310510 10
JDJ AMOCO
8636 Beach Blvd
JACKSONVILLE, FL 32216

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



Jeb Bush
Governor

Department of Environmental Protection

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

Colleen M. Castille
Secretary

December 6, 2004

NOTICE OF ANNUAL OPERATION FEE

To: Users of Title V Air General Permits

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

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

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

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

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

Sincerely,

Joseph Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

/JK

Enclosure: Invoice Form

"More Protection, Less Process"

Printed on recycled paper.

ATTENTION:

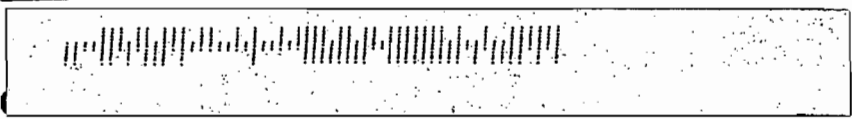
The Title V Air General Permit is ***NOT*** transferable and does not follow a change in ownership of the facility. If you are a new owner and have not submitted a notification form, please contact Bruce Thomas at 850/921-7744.



POSTAGE
REQUIRED

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

MS 551



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

1291
47

RETURNED TO SENDER
NOT DELIVERABLE AS
ADDRESSED - UNABLE TO
FORWARD
JACKSONVILLE, FL 32216-9999

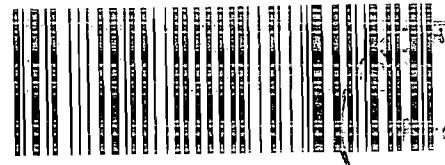
AIRS ID#-310510
JDJ AMOCO
8636 Beach Blvd
JACKSONVILLE, FL 32216

RECEIVED
DEC 14 2004
Bureau of Air Monitoring
& Mobile Sources

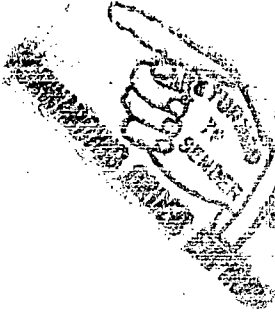
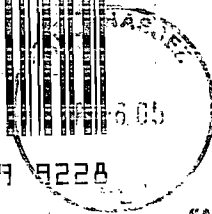
MS# 6510 MC Acct # 88997

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

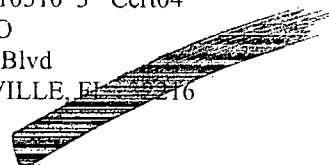
CERTIFIED MAIL



7004 2510 0002 3939 9228



AIRS ID# 310510 3rd Cert04
JDJ AMOCO
8636 Beach Blvd
JACKSONVILLE, FL 32216



Handwritten: 16

Bureau of Air Monitoring
& Mobile Sources

RECEIVED
APR 15 2005

7004 2510 0002 3939 9228

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)	
Total Postage & Fees	\$

Postmark
Here

Sent To AIRS ID# 310510 3rd Cert04
JDJ AMOCO
Street, Apt. No.,
or PO Box No. 8636 Beach Blvd
City, State, ZIP+4 JACKSONVILLE, FL 32216

PS Form 3800, J

PLEASE STICKER ABOVE OR NEAR TOP OF MAILPIECE
IN ORDER TO RECEIVE DELIVERY RECORDS

SENDER - COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"><input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.<input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.<input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: AIRS IN 310510 3 rd Cert04 JDJ AMOCG 8636 Beach Blvd JACKSONVILLE, FL 32216	B. Receiver by (<i>Printed Name</i>) C. Date of Delivery
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes if YES, enter delivery address below: <input type="checkbox"/> No
PS Form 3811, February 2004	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? (<i>Extra Fee</i>) <input type="checkbox"/> Yes
	7004 2510 0002 3939 9228

PS Form 3811, February 2004

Delivery Receipt

102595-02-M-1540

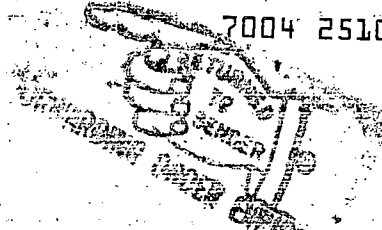
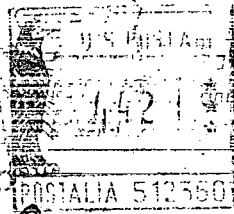
CERTIFIED MAIL

MS# 5510 MC Acct # 5521

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



7004 2510 0004 6986 6460



Bureau of Air Monitoring
& Mobile Sources

RECEIVED
MAR 8 2005

AIRS ID#0310510...2nd Cert 05
JDJ AMOCO
8636 Beach Blvd
JACKSONVILLE, FL 32216



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#0310510.....2nd Cert 05
 JDJ AMOCO
 8636 Beach Blvd
 JACKSONVILLE, FL 32216

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) **7004 2510 0004 6986 6460**

PS Form 3811, February 2004 Receipt 102595-02-M-1540

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 Postage & Fees		

Sent To: AIRS ID#0310510.....2nd Cert 05
 JDJ AMOCO
 Street, or POB: 8636 Beach Blvd
 City, St: JACKSONVILLE, FL 32216

7004 2510 0004 6986 6460

5510

5529

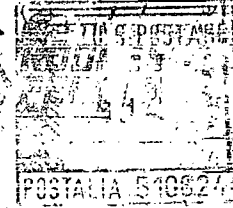
MS#

MC Acct #

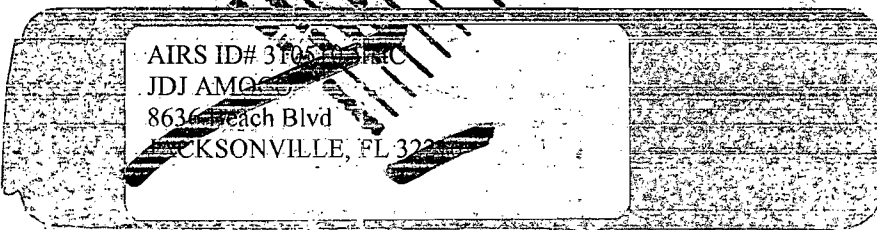
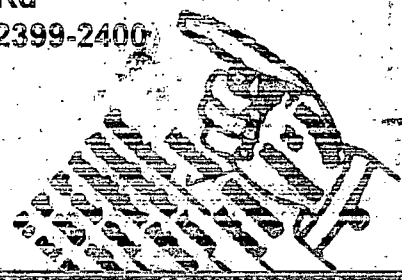
CERTIFIED MAIL



7004 2510 0004 6986 5024



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



AIRS ID# 310520
JDJ AMQ
8636 Beach Blvd
JACKSONVILLE, FL 32216

WF
1621
2-7-05

Bureau of Air Monitoring
& Mobile Sources

FEB 9 2005

RECEIVED

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# 310510
 JDJ AMOCO
 8636 Beach Blvd
 JACKSONVILLE, FL 32216

2. Article Number
(transfer from service label)

7004 2510 0004 6986 5029

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

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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	AIRS ID# 310510 1stC	
Sent To	JDJ AMOCO	
Street, or PO E	8636 Beach Blvd	
City, St	JACKSONVILLE, FL 32216	

PS Form 3800, June 2002 See Reverse for Instructions

7004 2510 0004 6986 5029

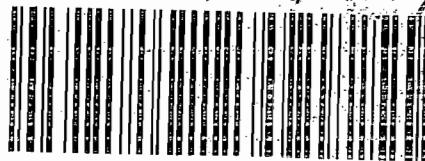
5510

5621

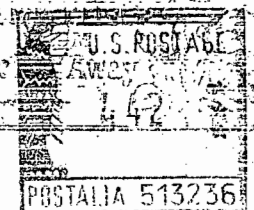
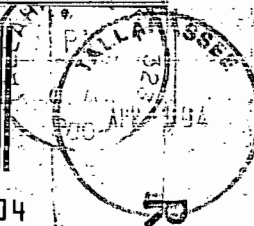
CERTIFIED MAIL

MS# _____ MC Acct # _____

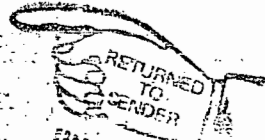
Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee FL 32399-2400



7001 1140 0001 7556 3104



8/1/99



UNCLAIMED
JACKSONVILLE FL 32216-9996

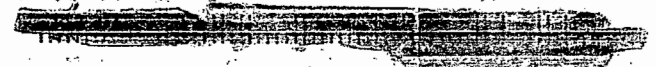
BUREAU OF ADMINISTRATIVE SERVICES

MAY 6 1999

RECEIVED

43
4.22
5.1

32216+3143 21



SENDER COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
AIRS ID # 310510 JDJ AMOCO #310510 CARLOS BOOM 8343 HOGAN ROAD APT 137 JACKSONVILLE, FL 32216	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:
2. Article Number (Transfer from service label)	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"/> G.O.D.
PS Form 3811, August 2001	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
7001 1140 0001 7556 3104	Domestic Return Receipt 102595-02-M-1340

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

OFFICIAL USE

Postage \$	<i>03</i> Postmark Here <i>int</i>
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	

AIRS ID # 310510

Sent To JDJ AMOCO
 CARLOS BOOM
 Street, Apt. No., or PO Box No. 8343 HOGAN ROAD APT 137
 City, State, ZIP+ JACKSONVILLE, FL 32216
 #0310510

PS Form 3800

7001 1140 0001 7556 3104

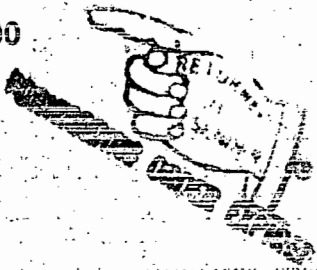
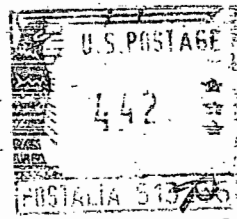
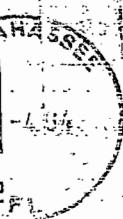
MS# 5510 MC Acct # 5524

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

CERTIFIED MAIL



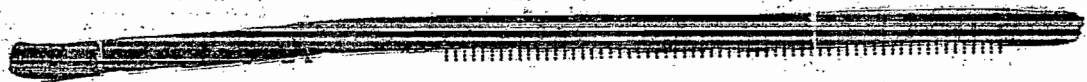
7003 0500 0004 0144 9492



CARLOS BOOM
DJAMOCO
8343 HOGAN ROAD APT 137
JACKSONVILLE FL 32216

U/621

RECEIVED
MAR 10 2004
Monitoring
Sources



SENDER COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature _____ <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
2. Article Number _____ (Transfer from service label)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> 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"/> G.O.D.		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
AIRS ID # 310510 CARLOS BOOM JDJ AMOCO 8343 HOGAN ROAD APT 137 JACKSONVILLE, FL 32216			
PS Form 3811, August 2001		Domestic Return Receipt 10259502/M:1540	

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)	

Postmark Here
2nd
2003

AIRS ID # 310510

CARLOS BOOM
 JDJ AMOCO
 8343 HOGAN ROAD APT 137
 JACKSONVILLE, FL 32216

See Reverse for Instructions

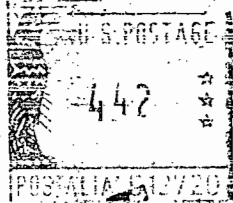
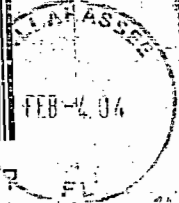
PS Form 3800, June 2002

7003 0500 0004 0144 9492

CERTIFIED MAIL™

MS# 5510 MC Acct # 5521

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



2003 2260 0003 5550 0697

RECEIVED
FORWARDING ORDER DELIVER

46
1621

RECEIVED
FEB 11 2004
Bureau of Air Monitoring
& Mobile Sources

ID# 310510
CARLOS BOOM
JDI AMOCO
8343 HOGAN ROAD APT 147
JACKSONVILLE, FL 32216

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# 310510
 CARLOS BOOM
 JDJ AMOCO
 8343 HOGAN ROAD APT 137
 JACKSONVILLE, FL 32216

2. Article Number
 7003 2260 0003 5651 0697

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

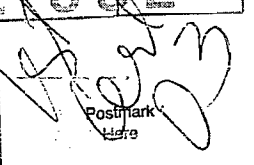
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

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)	

Postmark
 here

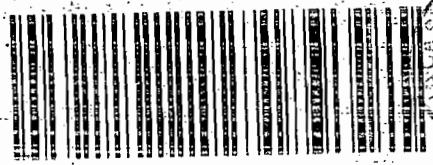


Total Post: ID# 310510
 Sent To: CARLOS BOOM
 JDJ AMOCO
 Street, Apt. 1 or PO Box #: 8343 HOGAN ROAD APT 137
 City, State, ZIP: JACKSONVILLE, FL 32216

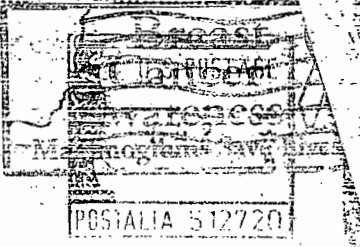
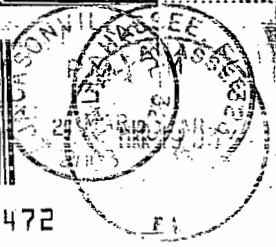
7003 2260 0003 5651 0697

CERTIFIED MAIL

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400



7000 0600 0026 4128 9472



5510

RETURNED TO SENDER
FORWARDING ORDER ENFORCED

ATRS ID# 0310510
IDJ: AMOCO
CAROLS E. BOOM
8343 HOGAN ROAD APT 11
JACKSONVILLE FL 32216-3149

4621

MAR 24 2005
Bureau of Air Mgmt
& Mobile Source

SENDER: COM

COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature	
<input checked="" type="checkbox"/>	<input type="checkbox"/> Agent
	<input type="checkbox"/> Addressee
D. Is delivery address different from item 1? <input type="checkbox"/> Yes	
If YES, enter delivery address below: <input type="checkbox"/> No	

1. Article Addressed to:

AIRS ID# 0310510
 JDJ AMOCO
 CARLOS E BOOM
 8343 HOGAN ROAD APT 137
 JACKSONVILLE FL 32216-3149

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)
 70000600002641289472

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

OFFICIAL USE

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

Postmark Here

Sent To: JDJ AMOCO
 Street or PO: CARLOS E BOOM
 8343 HOGAN ROAD APT 137
 City, S: JACKSONVILLE FL
 32216-3149

AIRS ID#0310510

7001 0320 0001 7976 3729

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

Remailed 3/19/2003

Postage	\$
Certified Fee	
Return Receipt Fee	

Postmark Here

AIRS ID# 0310510
 JDJ AMOCO
 CARLOS E BOOM
 8343 HOGAN ROAD APT 137
 JACKSONVILLE FL 32216-3149

7000 0600 0026 4128 9472

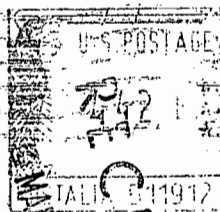
CERTIFIED MAIL

MS# 5510 MC Acct # 5021

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



0001 7975 6554



RETURNED TO SENDER
DR. REASY V. SNOW
ENDORSEMENT BY
JACKSONVILLE FL 32216-0001

Bureau of Air Monitoring
& Mobile Sources

RECEIVED
MAR 03 2003

*Received
2/17/03
1621*

AIRS ID#0310510

JDJ AMCO
CARLOS E BOOM
8343 HOGAN ROAD
JACKSONVILLE
32216-3149

U.S. POSTAL SERVICE CERTIFIED MAIL RECEIPT (Domestic Mail Only, No Insurance Coverage Provided)

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#0310510

JDJ AMOCO
 CARLOS E BOOM
 8343 HOGAN ROAD APT 137
 JACKSONVILLE FL
 32216-3149

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

2. Article Number
 (Transfer from service label)

7001 0320 0001 7975 6554

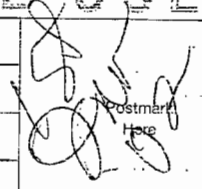
102595-01-M-1424

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

OFFICIAL USE

7001 0320 0001 7975 6554

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 To: _____

Postmark Here


AIRS ID#0310510

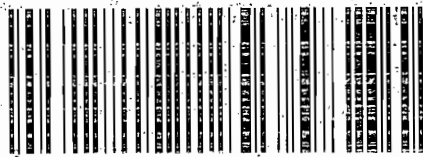
Send: JDJ AMOCO
 Street or P: CARLOS E BOOM
 City: 8343 HOGAN ROAD APT 137
 JACKSONVILLE FL
 32216-3149

Instructions

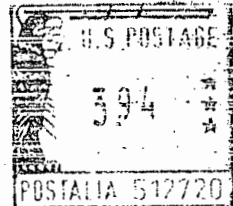
CERTIFIED MAIL

MS# 5510 MC Acct # 5521

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



7001 0320 0001 7975 8466



RETURNED TO SENDER
UNCLAIMED
JACKSONVILLE, FL 32216

Bureau of Air Monitoring
& Mobile Sources

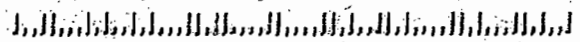
APR 29 2002

NAME _____
1st Notice 6/4
2nd Notice 4/15
Return 4/20

1637
4/4/02

AIRS ID # 0310510
JDJ AMOCO
CARLOS E BOOM
8343 HOGAN ROAD APT 137
JACKSONVILLE FL 32216-3149

32216X3149 21



SENDER TO 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 # 0310510
 JDJ AMOCO
 CARLOS E BOOM
 8343 HOGAN ROAD APT 137
 JACKSONVILLE FL 32216-3149

COMPLETE THIS SECTION ON DELIVERY

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

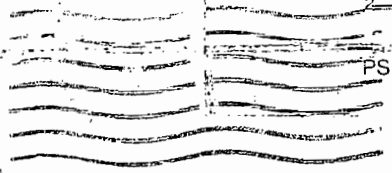
C. Signature _____ Agent
 Addressee

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

2. Article Number: 7001 0320 0001 7975 8466



PS Form 3841, July 1999

Domestic Return Receipt

102595-99-M-1789

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

OFFICIAL USE

7001 0320 0001 7975 8466

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

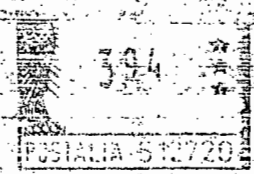
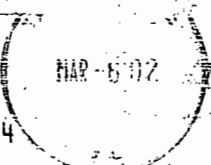
Postmark Here

Total Post: JDJ AMOCO
 Sent To: CARLOS E BOOM
 8343 HOGAN ROAD APT 137
 Street, Apt. or PO Box #: JACKSONVILLE FL
 City, State, ZIP: 32216-3149

AIRS ID # 0310510

MS# 5510 MC Acct # 5521

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



RETURNED TO SENDER
UNCLAIMED
JACKSONVILLE, FL 32216-0600

Bureau of Air Monitoring
& Mobile Sources

RECEIVED
APR 1 2002
10/21/02
3/8/02

AIRS ID # 0310510
JDI:AMOCO
CARLOS BOOM
8343 HOGWATER ROAD
JACKSONVILLE, FL
32216-3149

NAME _____
1st Notice _____
2nd Notice 3/15
Return 3/23

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 # 0310510

JDJ AMOCO
 CARLOS E BOOM
 8343 HOGAN ROAD APT 137
 JACKSONVILLE FL
 32216-3149

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

Article Number 7001 0320 0001 7976 1374

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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

OFFICIAL USE

7001 0320 0001 7976 1374

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

Postmark Here

AIRS ID # 0310510

Sent To: JDJ AMOCO
 Street, or PO: CARLOS E BOOM
 8343 HOGAN ROAD APT 137
 City, St: JACKSONVILLE FL
 32216-3149

PS Form

Instructions

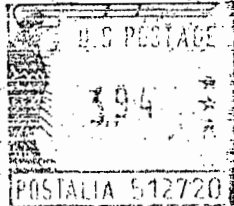
CERTIFIED MAIL

MS# 5518 MC Acct # 0027

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



0000 0026 4128 6716



RETURNED TO SENDER
UNCLAIMED
JACKSONVILLE, FL 32216-3999

621 2 13

Bureau of Air Monitoring
& Mobile Sources

RECEIVED
MAR 7 2002

AIRS ID # 0310510
JDI AMOCO
CARLOS E BOOM
8343 HOGAN ROAD APT 137
JACKSONVILLE FL
32216-3149

1st Notice
2nd Notice 2/02
Return 3/1

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 # 0310510

JDJ AMOCO
CARLOS E BOOM
8343 HOGAN ROAD APT 137
JACKSONVILLE FL
32216-3149

2. Article Number (Copy from service label)
00000600002646286716

COMPLETE THIS SECTION FOR RESTRICTED 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

PS Form 3811 July 1999

Domestic Return Receipt

102595-00-M-0952

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

7000 0600 0026 4128 6716

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

AIRS ID # 0310510

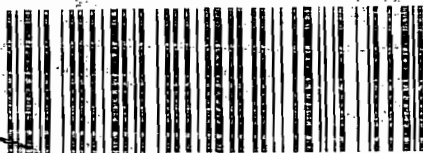
Total Postage: JDJ AMOCO
 Recipient's Name: CARLOS E BOOM
 Street, Apt. No: 8343 HOGAN ROAD APT 137
 City, State, Zip: JACKSONVILLE FL 32216-3149

5510

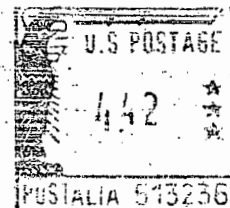
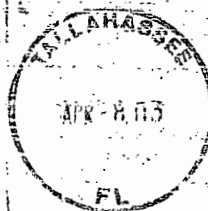
5521

CERTIFIED MAIL

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

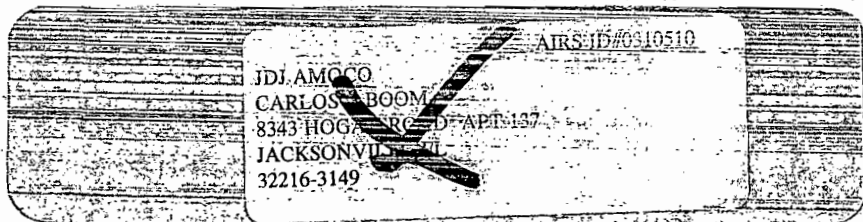
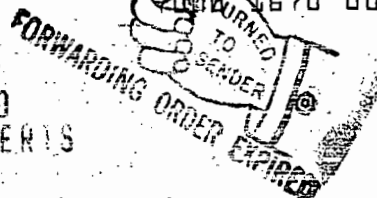


1670 0013 3109 1865



AC5521

BAMMS/BCO
JOEY ROBERTS
5510



at 16521

Bureau of Air Monitoring
& Mobile Sources

APR 14 2003

RECEIVED

SENDER COPY

SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

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

APR 10 2003

C. Signature

X

- Agent
- Addressee

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

1. Article Addressed to:

AIRS ID#0310510

AMOCO
CARLOS E BOOM
8343 HOGAN ROAD APT 137
JACKSONVILLE FL
32216-3149

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)

40001670001331091865

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

32216/9999

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

OFFICIAL USE

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

Total Postage: **JDJ AMOCO**

Sent To: **CARLOS E BOOM**
Street, Apt. N: **8343 HOGAN ROAD APT 137**
City, State, ZI: **JACKSONVILLE FL 32216-3149**

Postmark Here: *JDJ AMOCO*

AIRS ID#0310510

PS Form 3800, May 2000 See Reverse for Instructions

7000 1670 0013 3109 1865