

Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

August 1 2001

Mr. Yoo B. Yang  
Magic Cleaners  
2738 North Hiawasse Road  
Orlando, Florida 32818

Re: Facility No.: 0950287-002

Dear Mr. Yang:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 21, 2001.


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

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

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

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the district or local air program compliance inspector in your area.

Sincerely,

  
Dotty Diltz, Chief  
Bureau of Air Monitoring  
and Mobile Sources

DD/jw

cc: Ms. Marie Driscoll, Orange County

"More Protection, Less Process"

Printed on recycled paper.

Fees Paid  
SOC 4  
Compliance FN

0950287-002

p15

1(a) None Required should be circled  
under Control Device Required  
Date Control Device Installed should  
be blank.

p16

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

p17

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: \_\_\_\_\_

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED  
Bureau of Air Monitoring  
& Mobile Sources  
(JUN 21 2001)

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):	YOO B. YANG / MAGIC CLEANERS
2. Site Name (For example, plant name or number):	MAGIC CLEANERS
3. Hazardous Waste Generator Identification Number:	404-593-9434 GAD 981269095 CMCF SYSTEMS ATLANTA INC)
4. Facility Location: Street Address: City:                                  County:                                  Zip Code:	2738 N. HIWASSEE RD. ORLANDO                                  ORANGE                                  32818
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0950287-002

Responsible Official

6. Name and Title of Responsible Official: Name:                                  Title:	YOO B. YANG                                  OWNER OPERATOR
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City:                                  County:                                  Zip Code:	MAGIC CLEANERS 2738 N. HIWASSEE RD. ORLANDO                                  ORANGE                                  32818
8. Responsible Official Telephone Number: Telephone:                                  Fax: (                                  ) -                                  ) -	(407) 295 7110                                  (                                  ) -                                  ) -

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")
27-July-87	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?**

34.3 gallons (You must fill this in)

(b) If less than 12 months, how many?  months

Check why it is less than 12 months: New owner:  Did not keep records:

New store:  New machine

Unopened store  (date of expected opening \_\_\_\_\_)

3. What is the facility's source classification based on the definitions found in section (3) of Part II? Indicate with an "X". Select one classification only.)

Small Area Source

- Dry-to-dry machines only on-site (used less than 140 gallons of perc per year)  
Transfer only on-site (used less than 200 gallons of perc per year)  
Both machine types on-site (used less than 140 gallons of perc per year)

Large Area Source

- Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year)  
Transfer only on-site (used 200 - 1,800 gallons of perc per year)  
Both machine types on-site (used 140 - 1,800 gallons of perc per year)

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)

Existing machines at small area source  
(NONE REQUIRED)

New machines at small area source  
Refrigerated condenser

Existing machines at large area source  
Carbon adsorber   
Refrigerated condenser

New machines at large area source  
Refrigerated condenser

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site (see attached memo for the criteria).

All steam and hot water generating units exempt  OR  
No such units on-site

How many boilers do you have on-site?  1

For each boiler, indicate its horsepower (HP) rating:  1 5

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

**RECEIVED**  
JUN 21 2001

Bureau of Air Monitoring  
& Mobile Sources

7. Surrender of Existing DEP Air Permit(s) (AIR ID# : 0950287)

Please indicate with an "X" the appropriate selection:

I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are \_\_\_\_\_

No DEP air permits currently exist for the operation of the facility indicated in this notification form.

**Responsible Official Certification**

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.

Yoo B. YAOG  
Print name of responsible official

[Signature] 6/16/2001  
Signature Date



0950287-002

8-3-01  
48

RECEIVED  
JUN 21 2001

p15

(a) None Required should be circled  
under Control Device Required  
Date Control Device Installed should  
be blank.

RECEIVED  
Bureau of Air Monitoring  
& Mobile Sources  
JUN 15 2001  
Please Send  
your files.

Facility

- 1. F
- 2. S
- 3. F
- 4. I
- 5.

p16

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

7434  
ATLANTA, Inc)

p17

Responsible official sign and date  
for changes made.

2818  
22

Responsible  
Narr

- 6.
- 7.
- 8.

RECEIVED  
JUL 31 2001  
ORANGE COUNTY ENVIRONMENTAL  
PROTECTION DIVISION

FRATOL  
818

Facility

10. Facility Contact Address:

Street Address:  
City:

County:

Zip Code:

11. Facility Contact Telephone Number:

Telephone: ( ) -

Fax: ( ) -

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED  
Bureau of Air Monitoring  
& Mobile Sources  
(JUN 21 2001)

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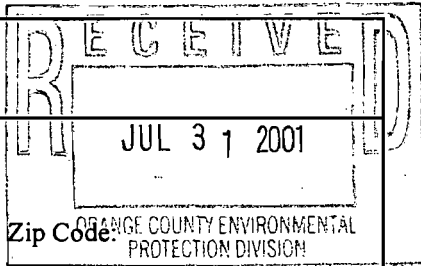
Facility Name and Location

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2. Site Name (For example, plant name or number):	MAGIC CLEANERS		
3. Hazardous Waste Generator Identification Number:	GAD 981269095	404-593-9434	CMCF SYSTEMS ATLANTA, INC)
4. Facility Location: Street Address:	2738 N. HIAWASSEE RD.		
City:	ORLANDO	County:	ORANGE
		Zip Code:	32818
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0950287-002		

Responsible Official

6. Name and Title of Responsible Official: Name:	Yoo B. YANG	Title:	OWNER OPERATOR
7. Responsible Official Mailing Address: Organization/Firm:	MAGIC CLEANERS		
Street Address:	2738 N. HIAWASSEE RD.		
City:	ORLANDO	County:	ORANGE
		Zip Code:	32818
8. Responsible Official Telephone Number: Telephone:	(407) 295 7110	Fax:	( ) -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):					
10. Facility Contact Address: Street Address:					
City:				County:	Zip Code:
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27-July-87	Existing/New	RC/CA/None required	<sup>47</sup> 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?

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34.3 gallons (You must fill this in)

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Check why it is less than 12 months: New owner:  Did not keep records:

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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.)

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Both machine types on-site (used less than 140 gallons of perc per year)

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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  
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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

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(c) Refrigerated condenser temperature monitoring   
(d) Carbon adsorber exhaust perc concentration monitoring   
(e) Startup, shutdown, malfunction plan

RECEIVED

JUN 21 2001  
Bureau of Air Monitoring  
& Mobile Sources

7. Surrender of Existing DEP Air Permit(s)

(AIR ID# : 0950287)

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

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**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.

Yoo B. YANG

Print name of responsible official

[Signature]  
Signature

6/16/2001  
Date

[Signature]

8/2/2001

**Bowman, Sandy**

---

**From:** John.Parker@ocfl.net  
**Sent:** Monday, November 14, 2005 3:23 PM  
**To:** Thomas, Bruce X.  
**Cc:** Bowman, Sandy  
**Subject:** Magic Cleaners

Hi Bruce,  
Magic Cleaners (0950287) is under new ownership (Sum & Sunhee Hwang). They will be submitting an Air General Permit Notification Form sometime this week.

Regards,

**John X. Parker**  
**Orange County Air Quality**  
**Phone: (407) 836-1445**  
**Fax: (407) 836-1498**  
**<<mailto:John.Parker@ocfl.net>>**

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OFFICIAL USE

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Po	AIRS ID#0950287.....2 <sup>nd</sup> Cert 05
Sent To	MAGIC CLEANERS
Street, Apt or PO Box	2738 N Hiawasseec Rd
City, State	ORLANDO, FL 32818

Postmark  
Here

PS Form 3800, June 2002 See Reverse for 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.

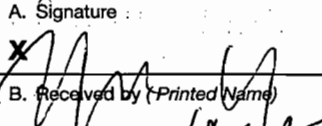
1. Article Addressed to:

AIRS ID#0950287.....2<sup>nd</sup> Cert 05  
MAGIC CLEANERS  
2738 N Hiawasseec Rd  
ORLANDO, FL 32818

2. Article Number

7004 2510 0002 3939 1260

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature:   Agent  
 Addressee

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

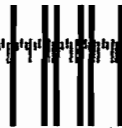
D. Is delivery address different from item 1?  Yes  
 No  
If YES, enter delivery address below:

3. Service Type

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

4. Restricted Delivery? (Extra Fee)  Yes

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

MAIL MONITORING  
PROGRAM  
MOBILE SOURCE

MAR 15 2005

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9849 9E6E 2000 0T52 4002  
7004 2510 0002 3938 488

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

Postmark  
Here

Sent To AIRS ID# 950287 1stC  
MAGIC CLEANERS  
Street, Apt. N or PO Box No 2738 N Hiawassee Rd  
City, State, Zi ORLANDO, FL 32818

PS Form 3800



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

434710 DEC26 2003

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

**TOTAL AMOUNT DUE: \$50.00**

X

Do NOT Remove Label

950287  
YOO YANG  
MAGIC CLEANERS  
2738 N HIAWASSEE ROAD  
ORLANDO FL 32818

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

RECEIVED  
DEC 31 2003  
Bureau of  
& Mobil  
Services  
Monitoring

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

7000 0520 0020 9372 6254

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

Total P AIRS ID # 0950287

<b>Recip</b>	MAGIC CLEANERS	<b>ier)</b>
	YOO B YANG	
<b>Street,</b>	2738 N HIA WASSEE ROAD	
	ORLANDO FL	
<b>City, St</b>	32818	

PS Form 3811 February 2000 See Reverse for 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 # 0950287  
MAGIC CLEANERS  
YOO B YANG  
2738 N HIA WASSEE ROAD  
ORLANDO FL  
32818

**COMPLETE THIS SECTION ON DELIVERY**

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

YOO B YANG 2-9-00

C. Signature  Agent  Addressee

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

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)

7000 0520 0020 9372 6254

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 •

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

FEB 11 2002

RECEIVED

32399+2400



**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**

X 421188 DEC30 2002

Do **NOT** Remove Label

MAGIC CLEANERS  
YOO B YANG  
2738 N HIAWASSEE ROAD  
ORLANDO FL  
32818

AIRS ID#0950287

Bureau of Air Monitoring  
& Mobile Sources

JAN 06 2003

RECEIVED

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

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

452375 MAY 5 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# 950287 3<sup>rd</sup> Cert04  
MAGIC CLEANERS  
2738 N Hiawasse Rd  
ORLANDO, FL 32818

**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

414442 FEB25 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 # 0950287

MAGIC CLEANERS  
YOO B YANG  
2738 N HIAWASSEE ROAD  
ORLANDO FL  
32818

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

7004 2510 0002 3939 9624

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**OFFICIAL USE**

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

AIRS ID# 950287 3<sup>rd</sup> Cert04

Sent To  
 MAGIC CLEANERS  
 Street, Apt. No. or PO Box No. 2738 N Hiawassee Rd  
 City, State, ZIP+4 ORLANDO, FL 32818

PS Form 3800, June 2003

**SENDER: COMPLETE THIS SECTION**

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1. Article Addressed to:

AIRS ID# 950287 3<sup>rd</sup> Cert04  
 MAGIC CLEANERS  
 2738 N Hiawassee Rd  
 ORLANDO, FL 32818

2. Article Number

(Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Sunhee Hwang*

Agent

Addressee

B. Received by (Printed Name)

*Sunhee Hwang*

C. Date of Delivery

*4-8-08*

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



UNITED STATES POSTAL SERVICE



First-Class-Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

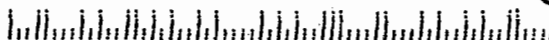
• Sender: Please print your name, address, and ZIP+4 in this box •

BUR. OF AIR MONITORING & MOBILE SOURCE  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32390-2400

APR 11 2005

RECEIVED

2400



MS# 5510 MC Acct # 5521

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

**CERTIFIED MAIL**

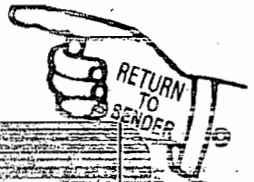


7004 2510 0002 3938 648

RECEIVED  
APR 31 2005  
U.S. MAIL  
Clerk of the Court  
Mobile Source



AIRS ID# 950287-1stC  
AIRS ID# 950287 1stC  
MAGIC CLEANERS  
2738 N Hiawassee Rd  
ORLANDO, FL 32818



RETURN TO SENDER

MAGIC CLEANERS 32818-3337 1205 19 02/17/05 UNC  
NOTIFY SENDER OF NEW ADDRESS  
MAGIC CLEANERS  
2801 N HIAWASSEE RD  
ORLANDO FL 32818-3337

32818+3008 76

BEST AVAILABLE COPY

SENDER COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mail piece, or on the front if space permits.</li></ul>	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by: (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
1. Article Addressed to:		
AIRS ID# 950287 1stC MAGIC CLEANERS 2738 N.Hiawassee Rd ORLANDO, FL 32818		
2. Article Number (Transfer from service label)	7004 2510 0002 3938 6488	
PS Form 3811, August 2001	Domestic Return Receipt	102595-02-M-1540