

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

March 27, 2001

Mr. Thomas J. Bilotto
The Look of Boca Dry Cleaners, Inc.
22943 State Road 7
Boca Raton, Florida 33428

Re: Facility No.: 0990592-001

Dear Mr. Bilotto:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on February 22, 2001.

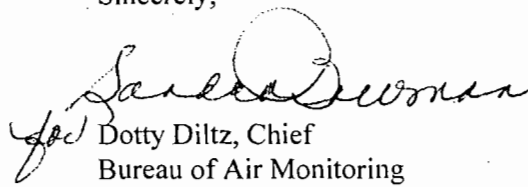
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"More Protection, Less Process"

Printed on recycled paper.

Grant, Patricia

From: Bowman, Sandy

Sent: Monday, September 26, 2005 2:21 PM

To: Grant, Patricia

Cc: Thomas, Bruce X.

Pat,

Martin (Palm Beach Co.) called to let us know that #0990592 is now a drop store. I have changed the facility status in ARMS to inactive. The file for this facility will also need to be inactivated (Latest project).

Sandy Bowman

Environmental Administrator

Division of Air Resource Management

850/921-9583 or sandy.bowman@dep.state.fl.us

0990592-001

3/8/01

Spoke to Thomas Bilotto and he stated that the transfer machine is not a "perc" using machine.

p15

1(a) add date machine initially purchased from Manufacturer.

1(b) Mark out and initial Transfer machine information.

p16

5. No such units should be marked

p17

7. Choose one. If no other DEP permits exist, then choose bottom selection.

Responsible Official sign and date for changes made.

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
FEB 22 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):	THE LOOK OF BOCA DRY CLEANERS, INC.
2. Site Name (For example, plant name or number):	
3. Hazardous Waste Generator Identification Number:	
4. Facility Location: 22943 STATE RD 7 Street Address: City: BOCA RATON, County: PALM BEACH Zip Code: 33428	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0990592-001

Responsible Official

6. Name and Title of Responsible Official: Name: THOMAS J. BILOTTO Title: PRESIDENT	
7. Responsible Official Mailing Address: Organization/Firm: Street Address: 22943 STATE RD 7 City: BOCA RATON County: PALM BEACH Zip Code: 33428	
8. Responsible Official Telephone Number: Telephone: (561) 477-1072 Fax: (X) -	

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	THOMAS J. BILOTTO
10. Facility Contact Address: Street Address: 22943 SR 7 City: BOCA RATON County: PB Zip Code: 33428	
11. Facility Contact Telephone Number: Telephone: (561) 477 1072 Fax: (X) -	

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")
<u>2/7/01</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?

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")
<u>2/7/01</u>	Existing/ <u>New</u>	RC/CA/ <u>None required</u>	_____
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

gallons (You must fill this in)

(b) If less than 12 months, how many? months *JUST PURCHASED EXISTING STORE ON 2/7/01*

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:

DNA

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.

THOMAS J. BILETTO

Print name of responsible official

Thomas J. Biletto
Signature

2-15-01
Date

MS 5510 MC Acct# 5521

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

RECEIVED
DEC 16 2004
Bureau of Air Monitoring
& Mobile Sources

V A A

AIRS ID# 990592 10
THE LOOK OF BOCA DRY CLEANERS
22943 State Road 7
BOCA RATON, FL 33428



- INSUFFICIENT ADDRESS
- NO SUCH NUMBER
- UNCLAIMED REFUSED
- ATTEMPTED NOT KNOWN
- NO SUCH STREET
- VACANT
- NO RECEIPTABLE
- NOT DELIVERABLE AS
- ADDRESSED-UNABLE
- TO FORWARD
- NOTE NO _____ DATE _____
- CARRIAGE _____



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

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 is located on the mailing label.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 990592 10
THE LOOK OF BOCA DRY CLEANERS
22943 State Road 7
BOCA RATON, FL 33428

**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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

414399 FEB22 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# 0990592
THE LOOK OF BOCA DRY CLEANERS
THOMAS J BILOTTO
22943 STATE ROAD 7
BOCA RATON FL
33428

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

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

✓ 424331 MAR 3 2003

By
3/1/03

Do **NOT** Remove Label

AIRS ID#0990592
THE LOOK OF BOCA DRY CLEANERS
THOMAS J BILOTTO
22943 STATE ROAD 7
BOCA RATON FL
33428

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

MS# 5510 MC Acct # 5527

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

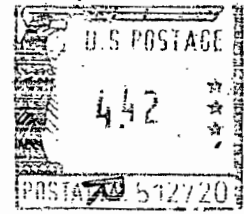
- INSUFFICIENT ADDRESS
 - NO SUCH NUMBER
 - UNCLAIMED REFUSED
 - ATTEMPTED NOT KNOWN
 - NO SUCH STREET
 - NO SUCH CITY
 - NO RECEIPTACLE
 - NOT DELIVERABLE AS ADDRESSED-UNABLE TO FORWARD
- ROUTE NO. _____ DATE _____
CARR/INITIALS _____

AIRS ID# 990592 3rd Cert04
THE LOOK OF BOCA DRY CLEANERS
22943 State Road 7
BOCA RATON, FL 33428

CERTIFIED MAIL



7004 2510 0002 3939 9785



RECEIVED
APR 18 2005

LOOK 943 334283026 1M 25 09/05
RETURN TO SENDER
NO FORWARD ORDER ON FILE
UNABLE TO FORWARD
RETURN TO SENDER

31 76

104065

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# 990592 3rd Cert04
 THE LOOK OF BOCA DRY CLEANERS
 22943 State Road 7
 BOCA RATON, FL 33428

2. Article Number (Transit)

004 2510 0002 3939 9785

PS Form 3821 August 2001

Domestic Return Receipt

02595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

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

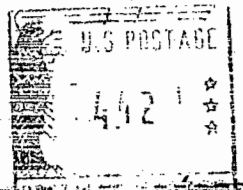
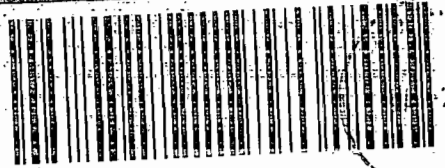
Sent To: AIRS ID# 990592 3rd Cert04
 THE LOOK OF BOCA DRY CLEANERS
 Street, A or PO Box: 22943 State Road 7
 City, State: BOCA RATON, FL 33428

PS Form

Instructions

7004 2510 0002 3939 9785

CERTIFIED MAIL



7004 2510 0002 3433 781 155

MS# 5510 MC Acct # 5521

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

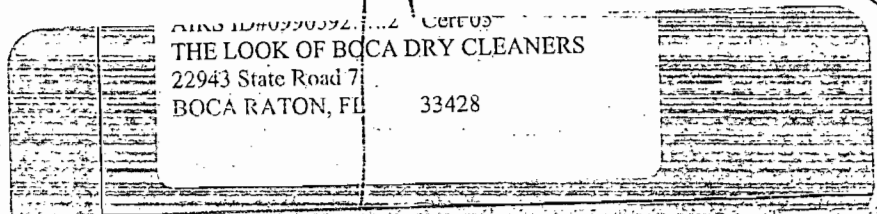
KATS

Valerie

BLUETOOTH
& MOBILE SOLUTIONS
DEPT OF ENVIRONMENTAL PROTECTION

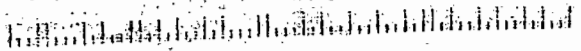
MAR 11 2005

RECEIVED



Printed

5-1
100
100
100
100



POSTNET barcode

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#0990592.....2nd Cert 05
 THE LOOK OF BOCA DRY CLEANERS
 22943 State Road 7
 BOCA RATON, FL 33428

2. Article Number
 (Transfer from service label)

7004 2510 0002 3939 7811

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

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

7811 3939 0002 2510 7004

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#0990592.....2 nd Cert 05 THE LOOK OF BOCA DRY CLEANERS	
Street, Apt. No., or PO Box No.	22943 State Road 7	
City, State, ZIP+4	BOCA RATON, FL 33428	
PS Form 3800-10		

RECEIVED

FEB 11 2005

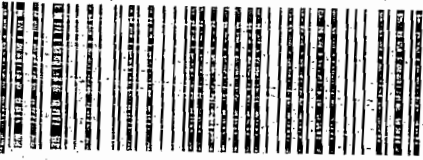
Bureau of Air Mail Service
P.O. Box 510000

Handwritten scribble

U.S. POSTAGE
POSTALIA 510022



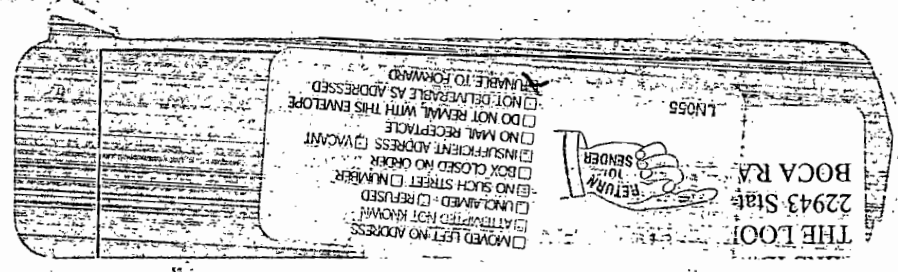
7004 2510-0002 9338 7692



CERTIFIED MAIL™

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

M/S# 0510
MC Acct # 5521



- MOVED LEFT NO ADDRESS
- ATTACHED NOT KNOWN
- UNPAID - REFUSED
- NO SUCH STREET NUMBER
- BOX CLOSED NO ORDER
- INSUFFICIENT ADDRESS
- NO MAIL RECEIPT
- DO NOT REMOVE THIS ENVELOPE
- NOT DELIVERABLE AS ADDRESSED
- UNABLE TO FORWARD

THE LOOP
22943 State
BOCA RA

Vertical text on the right edge of the envelope, likely a return address or recipient information.

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# 990592 1stC
 THE LOOK OF BOCA DRY CLEANERS
 22943 State Road 7
 BOCA RATON, FL 33428

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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

D. Is delivery card to be returned 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 0002 3938 7607

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1340

PLACE STICKER AT TOP OF ENVELOPE OR THE BACK OF MAILPIECE

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		\$

Sant AIRS ID# 990592 1stC
 THE LOOK OF BOCA DRY CLEANERS
 Street or PO 22943 State Road 7
 City BOCA RATON, FL 33428

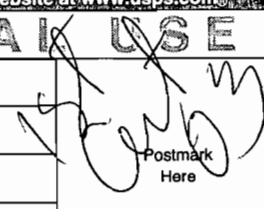
Instructions

7004 2510 0002 3938 7607

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)		

ID# 990592
 THOMAS BILOTTO
 THE LOOK OF BOCA DRY CLEANERS
 22943 STATE ROAD 7
 BOCA RATON, FL 33428

PS Form 3800, June 2002 See Reverse for Instructions

7003 2260 0003 5650 8137

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>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> ID# 990592 THOMAS BILOTTO THE LOOK OF BOCA DRY CLEANERS 22943 STATE ROAD 7 BOCA RATON, FL 33428 </div>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p style="text-align: right;">2-8-9</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number <i>(Transfer from service label)</i></p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7003 2260 0003 5650 8137</p>	

UNITED STATES POSTAL SERVICE



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

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

RECEIVED
FEB 11 2004
Bureau of Air Monitoring
& Mobile Sources

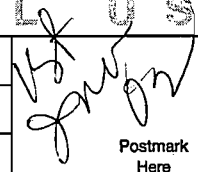
DAR/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400



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

OFFICIAL USE

7000 2870 0000 7027 5913

Postage	\$	 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Pk		AIRS ID#0990592
THE LOOK OF BOCA DRY CLEANERS		
Sent To	THOMAS J BILOTTO	
	22943 STATE ROAD 7	
Street, Apt	BOCA RATON FL	
	33428	
City, State		

PS Form 3800, May 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#0990592

THE LOOK OF BOCA DRY CLEANERS
 THOMAS J BILOTTO
 22943 STATE ROAD 7
 BOCA RATON FL
 33428

7000 2870 0000 7027 5913

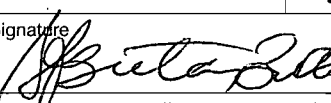
2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

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

2-7

C. Signature Agent Addressee

X 

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 •

BUREAU OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2500 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)	
Postmark Here	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	AIRS ID # 0990592
Re THE LOOK OF BOCA DRY CLEANERS (mailer) Str THOMAS J BILOTTO 22943 STATE ROAD 7 City BOCA RATON FL 33428	
PS	Instructions

7000 0520 0020 9373 1517

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. Received by (Please Print Clearly) _____ B. Date of Delivery <u>2-9</u> C. Signature <u>Thomas Bilotto</u> <input type="checkbox"/> Agent <input checked="" 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: <div style="text-align: center;"> AIRS ID # 0990592 THE LOOK OF BOCA DRY CLEANERS THOMAS J BILOTTO 22943 STATE ROAD 7 BOCA RATON FL 33428 </div>	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.
2. Article Number (Copy from service label) <u>7000 0520 0020 9373 1517</u>	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
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)

7001 0320 0001 7976 7642

OFFICIAL USE

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

020
J. Bilotto
 Postmark Here

AIRS ID#0990592

THE LOOK OF BOCA DRY CLEANERS
 THOMAS J BILOTTO
 22943 STATE ROAD 7
 BOCA RATON FL
 33428

PS Form 3800, January 2001

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#0990592
 THE LOOK OF BOCA DRY CLEANERS
 THOMAS J BILOTTO
 22943 STATE ROAD 7
 BOCA RATON FL
 33428

2. Article Number

(Transfer from service label)

7001 0320 0001 7976 7642

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *J. Bilotto* Agent Addressee

B. Received by (Printed Name)

S. BRETKS/LOTT/8 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

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 •

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

Bureau of Air Monitoring
& Mobile Sources

MAR 10 2003

RECEIVED