

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

March 14, 1997

Mr. Dan McParland President Can-Do Cleaners 2810 34th Street South St. Petersburg, Florida 33711

Facility No. 1030371

Dear Mr. McParland:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on February 20, 1997.

Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title $\mbox{\it V}$ 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. Louis Fernandez, Southwest District

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

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PINELLAS COUNTY EPARTMENT OF ENVIRONMENTAL MANAGEMENT

AIR QUALITY DIVISION

300 SOUTH GARDEN AVENUE CLEARWATER, FLORIDA 34616



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PHONE: (813) 464-4422 FAX:(813) 464-4420 SUNCOM: 570-4422 SUNCOMFAX:570-4420

May 28, 1997

Sandy Bowman
Bureau of Air Monitoring & Mobile Sources, MS-5510
2600 Blair Stone Road
Tallahassee, FL 32399-2400

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JUN 2 1997

Bureau of Air Monitoring & Mobile Sources

Re: AIRS ID# 1030371

Dear Ms. Bowman:

Can-do Cleaners has moved their dry cleaning equipment to "4th Street Quality Cleaners" - AIRS ID# 1030327 (see attached letter). They wish to relinquish their Title V air general permit for Can-do Cleaners. We will advise them that they now need to send a letter to BAMMS to update the information in their Title V air general permit for 4th Street Quality Cleaners.

If you require any additional assistance, please do not hesitate to contact me.

Sincerely.

Margaret Hennis

Environmental Specialist II

phon_ltr

	MAN 27 1997	RECEIVED MAY 2 8 1997
į	Dean MARGARET,	AIR QUALITY
	I wish to cancel	my
	UH Permit, as I ha	~e
	the located all my i	Dry Cleaning
	Eggypmont from 2870	347657S
	59 Retersburg	
		·
	Dincorely)	
	Van IVI Farland	
	TRESIDENI.	11. Ct. 111C
	2810 34+h ST SOL	LI LI
	57 Petersburg FL, 33	5711
	AIRS 1D # 10303	71-001
		•

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
CANLDO CHEANERS OF PINERLAS CTY INC.
2. Site Name (For example, plant name or number):
CAN-DO CLEANERS
3. Hazardous Waste Generator Identification Number:
FLDCESQG
4. Facility Location: Street Address: 2810 3444 S7 S
City: 5T PETERSBURG County: PINELLAS Zip Code: 33711
55 (Facility Identification Number (DEP Use)
Responsible Official
6. Name and Title of Responsible Official:
DAN MC PARLAND PRESIDENT
7. Responsible Official Mailing Address:
Organization/Firm: Street Address: 2810 34th 57 South
City: ST PETERS BURG County: PINELLAS Zip Code: 33711
8. Responsible Official Telephone Number:
Telephone: (8-13) 8-6-7 9595 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: Zip Code:
11. Facility Contact Telephone Number:
Telephone: () - Fax: () -

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FEB 2 0 1997

DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 13 of 16

Bureau of Air Monitoring & Mobile Sources

#1030371

P.14 1.(a) add date control device installed	
1.(c) mark out "X" and initial	
3. should be new small area Source p.15 5.(c) + 5.4) required	
p./3 5.(c)+5.(+) required	

Facility Information

Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

		Date	Date	Г	Date	Date		Date	Date
		Machine	Control	1	Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-
Dry-to-Dry Unit									
(1) w/ ref. condenser		09-92	T	Τ		T	Γ	T	
(2) w/ carbon adsorber			<u> </u>	1	 		 	<u> </u>	
(3) w/ no controls		 	 	1	†	1	1	1	<u> </u>
Washer Unit		<u> </u>	I,	1					
(4) w/ ref. condenser		1		T	1	 	1	1	1
(5) w/ carbon adsorber				1	 	 		1	
(6) w/ no controls		 	.	1	<u> </u>		 	1	1
Dryer Unit			<u> </u>		· .		1	<u> </u>	
(7) w/ ref. condenser	<u> </u>	T		\top	[T		T	
(8) w/ carbon adsorber		1	1	+-		<u> </u>	1	 	1
(9) w/ no controls			 		 		 	1	
Reclaimer Unit			L	٠	' 		1		
(10) w/ ref. condenser			T	T^{-}			1	T	T
(11) w/carbon adsorber	1	+		┼─				 	
(12) w/ no controls	 			+-	 		 	1	1
(b) Control devices are (c) No control devices 2.(a) What was the total (b) If less than 12 mon Check why it is less	quan quan gall	required to be atity of perchi lons how many? [e installed [oroethylene] month	(perc	_] purchased i	in the latest 1	·•		 ::]
What is the facility's s (Indicate with an "X".	Sele	ect one classi	fication only	·.)			(3) o	f Part II?	
NEW Existing small a Small	rea s	ource [X	1	New s	mall area sou	игсе 🔀			
Existing large a	rea s	ource []	1	New I	arge area sou	ırce . [١	•	

DEP Form No. 62-213.900(2) Effective: 6-25-96

 What control technology is required on machines p (Indicate with an "X".) 	oursuant to section (5) of P	art II of this notification form?
Existing large area source Carbon adsorber	Refrigerated condenser	
New small area source Refrigerated condenser		
New large area source Refrigerated condenser []		
5. A facility which contains non-exempt emissions to Rule 62-213.300, F.A.C. Verify that all steam and exemption criteria or that no such units exist on-site:	l hot water generating unit	
All steam and hot water generating units on-site (1) boiler HP or less), and (2) are fired exclusively by numbers during which propane or fuel oil containing no more	atural gas except for perio	ds of natural gas curtailment
All steam and hot water generating units exempt No such units on-site		
		•
Equipment Monitoring	and Recordkeeping Infor	mation ·
Check all logs which are required to be kept on-site	in accordance with the req	uirements of this general permit:
(a) Purchase receipts and solvent purchases		ركت
(b) Leak detection inspection and repair		凶
(c) Refrigerated condenser temperature monitoring		
(d) Carbon adsorber exhaust perc concentration mo	nitoring	
(e) Instrument calibration		
(n) Start-up, shutdown, malfunction plan		

DEP Form No. 62-213,900(2) Effective: 6-25-96

Surrender of Existing Air Permit(s)

	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
Ľ	No air permits currently exist for the operation of the facility indicated in this notification form.
·	Responsible Official Certification
this noti statemei maintaii	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the nts made in this notification are true, accurate and complete. Further, I agree to operate and in the air pollutant emissions units and air pollution control equipment described above so as to
compiy	with all terms and conditions of this general permit as set forth in Part II of this notification form.
	with all terms and conditions of this general permit as set forth in Part II of this notification form. comptly notify the Department of any changes to the information contained in this notification.

DEP Form No. 62-213.900(2) Effective: 6-25-96

TITLE V AIR QUALITY AIR GENERAL PERMIT INSPECTION SUMMARY REPORT



TYPE OF INSPECTION:

ANNUAL M

compliance discrepancies were noted:

COMPLAINT/DISCOVERY

RE-INSPECTION [

TIME IN: 9:30a.m.	TIME OUT: 9:40a.m.	AIRS ID#	1030371 001
TYPE OF FACILITY:	Perchloroethylene Dry Cleane	er	
FACILITY NAME:	Can-Do Cleaners	DATE: April 7	, 1997
FACILITY LOCATION:	2810 34th St. S., St. Petersb	urg, FL 33711	
RESPONSIBLE OFFICIAL	Mr. Dan McParland, Preside	ent PHONE NUMBER:	813-867-9595
to be in compliance with	the compliance requirements evalua th DEP Rule 62-213.300, Florida Ac the compliance requirements evalua	dministrative Code (F.A.C	C.).

COMMENTS:

During an initial inspection during March 10, 1997, the floor behind the facility's machine had an accumulation of some undetermined liquid. In addition, perchloroethylene vapors were detected from an uncovered bucket. At that time, the facility was not given a full inspection because the owner/manager was not on the premisis. The first full inspection occured on April 7, 1997. It was discovered during this inspection that Can-Do Cleaners had merged with and moved its drycleaning equipment to 4th St. Cleaners, St. Petersburg. Can-Do Cleaners will need to provide a written request to FDEP if they wish to cancel its permit. If the facility does not wish to cancel its permit, periodic inspections will be required.

The Annual Compliance Certification form has been	properly certified and submitted to the inspect	or. Yes ⊠ No □
DATE OF NEXT INSPECTION:	July 15, 1997	
	(Approximate)	
INSPECTION CONDUCTED BY:	Jeff Morris	
INSPECTOR'S SIGNATURE:	(Please Print) PHONE NUMBER:	464-4422
	Page \ of \	Revised 10/96

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PI .HLOROETHYLENE DRY CLEAN. .S TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST PŁ

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	PI HLOROETHYLENE DRY CLEAN S TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST	EIVED 1998 ED
TYPE OF INSPECTION:	PI HLOROETHYLENE DRY CLEAN. 3 TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST ANNUAL RE-INSPECTION COMPLAINT/DISCOVERY RE-INSPECTION	on _{itorin}
AIRS ID#: <u>1030371 001</u>	DATE: 4/20/9% TIME IN: (0:050-TIME OUT: 10)	
FACILITY NAME:	Can-Do Cleaners	
FACILITY LOCATION:	2810 34th St. S.	
	St. Petersburg, FL, 33711	
RESPONSIBLE OFFICIA	L: Dan McParland / John Turk PHONE: 813-867-959	<u>)5</u>
CONTACT:	PHONE:	
PART I: NOTIFICATION		
(Check appropriate box)		
1. New facility notified DA	RM 30 days prior to startup	
2. Facility failed to notify D	OARM to use general permit	
PART II: CLASSIFICATI	ON	
Facility indicated on notifica (Check appropriate box)	ation form that it is: No notification form Drop store / out of business / petroleum	
A. 1. Existing small area s dry-to-dry only, x<14 transfer only, x<200 s both types, x<140 gal (Constructed before 1)	10 gal/yr dry-to-dry only, x 140 gal/yr	·
3. Existing large area s dry-to-dry only, 140 < transfer only, 200 < x < both types, 140 < x < 1, (Constructed before 1)	Source (x < 2,100 gal/yr (1,800 gal/yr 800 gal/yr (12/9/91) 4. New large area source dry-to-dry only, 140 < x < 2,100 gal/yr transfer only, 200 < x < 1,800 gal/yr both types, 140 < x < 1,800 gal/yr (Constructed on or after 12/9/91)	:
This is a correct facility clas	ssification: Y N Can not determine	
facility qualified:	appropriate classification: for a general permit as number above bove limits and is not eligible for a general permit	
B. The total quantity of per facility was	chloroethylene (perc) purchased within the preceding 12 months by this dry callons.	cleaning

PA	PART VI: LEAK DETECTION AND REPAIRS							
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?							
2.	Has the facility maintained a le	ak log	?			Ду	□N	·
3.	Does the responsible official cl	heck th	ne follo	owing areas	for leaks:			
	Hose connections, fitting couplings, and valves	ПY	□N	□na	Muck cookers	ŪΥ	□n	□na
	Door gaskets and seating	\square_{Y}	\square_N	\square NA	Stills	□Y	ŪΝ	□NA
	Filter gaskets and seating	\square_{Y}	ΠN	□NA	Exhaust dampers	ΩY	ΠN	□NA
	Pumps	\square_{Y}	ŪN	DNA	Diverter valves	\square_{Y}	ΠN	□NA
	Solvent tanks and containers	ПY	ΠN	DINA	Cartridge Filter housing	□Y	□N	□NA
	Water separators	ΠY		DNA				
4.	4. Which method of detection is used by the responsible official? Visual examination (condensed solvent of exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector If using direct-reading instrumentation, is the equipment:							
	a Capable of detecting pe						ΠY	ūΝ
	b. Calibrated against a stan	dard ga	as prio	r to and after	r each use(PID/FID only).		ПY	ŪN
	c. Inspected for leaks and c	bvious	signs	of wear on a	weekly basis?		ΠY	ŪN
	d. Kept in a clean and secu	are are:	a wher	not in use.			ŪΥ	ŪN
	e. Verified for accuracy by	use of	duplic	ate samples	(calorimetric only)?		□Υ	□N
	Inspector's Signature **Facility is now a drop-off facility recinded permit ## 20/98 Date of Inspection Approximate Date of Next Inspection							
	· VW				•.			

EXEMPT

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUA RE-INS	COMPLAINT/DISCOVERY	
	TIME IN: 9:30 a.m. TIME OUT: 9:	48an
FACILITY NAME:CQ \(\)	-Do Cleoners	
FACILITY LOCATION: 2810	34th St NS.	·
_5t	Petersburg, FL 33711	
PART I: NOTIFICATION		
(check appropriate box)		
1. Existing facility notified DARM by 9/1/9	96 '	
2. New facility notified DARM 30 days price	or to startup	
3. Facility failed to notify DARM to use ger Facien もの	neral permit	0
PART II: CLASSIFICATION		
Facility indicated on notification form tha (check appropriate box) * Machine A.	titis: has been moved to 4th St C	legners
1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed on or after 12/9/91)	
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td>4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,></td></x<2,>	4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,>	
This is a correct facility classification	MY DN .	
If no, please check the appropriate classification	ation:	
	eral permit as number above ts and is not eligible for a general permit	

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	,
(check appropriate boxes) 1. Storing perchloroethylene in tightly scaled and impervious containers? 2. Examining the containers for leakage?	OY ON
2. Examining the containers for leakage?	OY ON
3. Closing and securing machine doors except during loading/unloading?	מם עם
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	חם מח
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ON/A
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part Y.	
If classification 2 has been checked, the machine should be equipped with a refrige (complete A below).	gerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber must installed prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refrig	gerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	מט עם
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	מם עם
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	מם עם
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	אם עם
B. Has the responsible official of an existing large or new large area source also:	
1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	

	nd recorded the washer exhaust temperature at the condenser	
inlet and ou	·	DY DN
Is the	emperature differential equal to or greater than 20° F?	DY DN
	nd recorded the perc concentration in the exhaust stream weekly	
	the final drying cycle while the machine is venting to the adsorber, are equipped with a carbon adsorber?	DY DN DN/A
}	perc concentration equal to or less than 100 from?	OY ON
		GI GN
	the sampling port on the carbon assorber exhaust for measuring	
	rations is at least 8 duct diabacters downstream of any bend, contraction, is at least 2 duct diabacters upstream from any bend, contraction,	
	; and downstream from no other inlet?	DY DN
5. Equipped tra	insfer machines (dryers, reclaimers, and washers) with individual	
condenser co		OY ON ON/A
6. Routed airfic	ow to the carbon adsorber (if used) at all times?	OY ON ON/A
PART V: REC	CORDKEEPING REQUIREMENTS	
Has the respon (check appropri		
1. Maintained	receipts for perc purchased?	מם עם
2. Maintained	folling monthly averages of perc consumption?	אס אס
3. Maintained 1	eak detection inspection and repair reports for the following:	
a. doc	umentation of leaks repaired w/in 24 hrs? or;	NO YO
b. doc and	nmentation of parts ordered to repair leak and teak repaired w/in 2 days parts installed w/in 5 days of receipt?	מם עם
4. Maintained	calibration data? Condirect reading instrument only	OY ON ON/A
5. Maintained	exhaust duct moniforing data on perc concentrations?	מם עם
6. Maintained	startup/shutdown/malfunction plan?	ОУ ОИ
7. Maintained	leviation reports?	OY ON
· Problem	n corrected?	מם עם
8. Maintained of	compliance plan, if applicable?	OY ON ON/A
PART VI: LE	AK DETECTION AND REPAIRS	
1. Does the resp	consible official conduct a weekly leak detection and repair inspection?	DY DN
2. Which method	od of detection is used by the responsible official?	
Visual	examination (condensed solven) on exterior syrtages)	
	il detection (airflow felt refrough gaskets)	
Ođor (1	noticeable perc odor)	

Use of direct-reading instrumentation (FID/PID/calorimetric tubes)

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	·							
If using direct-reading instrumentation, is the equipment:								
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?								
b. Calibrated against a standard gas prior to and after each use								
(PID/FID only)?								
c. Inspected for leaks and obvious signs of wear on a weekly basis?								
d. Kept in a clean and secure area when not in use?								
e. Verified for accuracy by use of duplicate samples (calorimetric only)?								
	10/2		OY ON					
for leaks	by the inspector:							
Leak Detected?								
DXP)	NON	Muck cookers	ΠY	NO				
DY	ПN	Stills	ΩY	□и				
ΠY	ПN	Exhaust dampers	ΩY	Ωи				
ÜУ	ПN	Diverter valves	ΩY	ПИ				
ΩY	ПИ	Cartridge filter housings	ΩY	ИО				
ΩY	ON			· .				
1	Company and American Company of the							
Dan McPacland								
Name of Responsible Official								
Jetfrey (Vorcis 4/7/97 Inspector's Name (Place Print)								
	tandard d obviousecure are by use of for leaks Leak I	perc vapor concentrations is tandard gas prior to and affect do obvious signs of wear on ecure area when not in use? By use of duplicate samples for leaks by the inspector: Leak Detected? N N N N N N N N N N N N N	tandard gas prior to and after each use d obvious signs of wear on a weekly basis? ecure area when not in use? by use of duplicate samples (calorimetric only)? for leaks by the inspector: Leak Detected? N Muck cookers N Stills N Exhaust dampers N Diverter valves N ON Cartridge filter housings	tandard gas prior to and after each use d obvious signs of wear on a weekly basis? ceture area when not in use? by use of duplicate samples (calorimetric only)? Greak by the dispector: Leak Datected? Muck cookers Y N N N N N N N N N N N N				

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Bigstar Dry-Dry Machine

- Floor behind machine is wet.
- Vapors from perc. bucket. left, out in the open.
- No Secondary containment
- Door on machine is not sealed properly.
- No containment for machine.

- Company has merged with Can-Do Cleaners,

4th St. Cleaners.

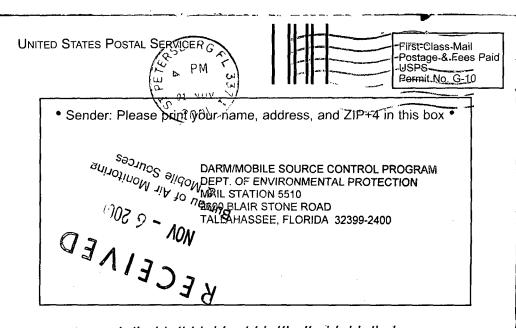
- Can-Do is now on drop off-location

	(Domestic Mail Only; No Insurance Coverage Provided)						
	5437						
·	9372	Postage Certified Fee	\$		1 noted	tól	
	0200	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)			/ Vi-Postm Hen	e e	
-	7000 0520	(ARLAND LEANERS STREET BURG FL 337	111	l 0371001AG	er)	
SENDER: CO	1	SINGE CONSE	3 40 40T TA A 3. MBUT 38 30	ICKE	H TOT BE SIHT STALAMO	tructions CTION ON DEL	D/K
 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. 		С. Х	Received by (Please Signature)	Cal f	B. Date of Pelivery Agent Addressee		
Article Addre	ssed	to:		11 1/	If YES, enter delive	, ,	
10 AIRS ID # 1030371001AG DAN MCPARLAND CAN-DO CLEANERS 2810 34TH STREET			<u> </u>				
ST PETERSE			'	-	Service Type Certified Mail Registered Insured Mail	☐ Express Ma☐ Return Rec☐ C.O.D.	ail eipt for Merchandise
700005	<i>QÇ</i>	0020 93%	15431	4.	Restricted Delivery	/? (Extra Fee)	☐ Yes
		Copy from service label)					
-0 - 001	4 .						

U.S. Postal Service

PS Form 3811, July 1999

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