

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
1007 25 2002
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):	FLAMINGO INVESTMENT ENTERPRISES INC
2. Site Name (For example, plant name or number):	N/A FLAMINGO CLEANERS
3. Hazardous Waste Generator Identification Number:	1030383-001-ACF
4. Facility Location: Street Address: 7613 49TH ST N City: PINELLAS PARK County: PINELLAS Zip Code: FL 33781	
5. Facility Identification Number: (DEP Use ONLY - do not fill in):	1030383-002

Responsible Official

6. Name and Title of Responsible Official: Name: ZUL VALJI Title: PRESIDENT	
7. Responsible Official Mailing Address: Organization/Firm: - SAME AS ABOVE) Street Address: City: County: Zip Code:	
8. Responsible Official Telephone Number: Telephone: (727) 546-7075 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: N/A 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? 1

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>5/21/95</u>	<u>Existing</u> /New	RC/CA/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")
_____	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?

10 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 [X]
- 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".)

- | | |
|---|--|
| <u>Existing machines at small area source</u> | <u>New machines at small area source</u> |
| (NONE REQUIRED) <input type="checkbox"/> [] | Refrigerated condenser <input checked="" type="checkbox"/> [X] |
| <u>Existing machines at large area source</u> | <u>New machines at large area source</u> |
| Carbon adsorber <input type="checkbox"/> [] | Refrigerated condenser <input type="checkbox"/> [] |
| Refrigerated condenser <input type="checkbox"/> [] | |

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 [X] 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 [X]
- (b) Leak detection inspection and repair [X]
- (c) Refrigerated condenser temperature monitoring (AUTOMATIC) [X]
- (d) Carbon adsorber exhaust perc concentration monitoring [X]
- (e) Startup, shutdown, malfunction plan [X]

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 _____
- 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.

ZULFIKAR VALJI
Print name of responsible official

Zulfiakar Valji
Signature

10/10/02
Date

11/15/2002 Called Zul Valji + left message 8:50A
11/18/2002 called + left message 3:55p

Notes 99-00

Fees 97-98, 01

SOC 6

Comp IN

(No permit SNC)



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

November 22, 2002

Mr. Zul Valji
Flamingo Cleaners
7613-49th Street, North
Pinellas Park, Florida 33781

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

NOTICE OF INELIGIBILITY TO USE TITLE V AIR GENERAL PERMIT

Dear Mr. Valji:

This is to notify you that the Department, pursuant to your submittal received on October 25, 2002, has determined that your facility does not qualify to use the Title V Air General Permit for Perchloroethylene Dry Cleaner.

The requirements that a facility must meet in order to qualify for use of the Title V Air General Permit are set forth in Rule 62-213.300, Florida Administrative Code (F.A.C.). Your submittal indicates your facility is not eligible for the reason(s) listed below:

- facility information provided is insufficient
- equipment information provided is insufficient
- equipment control information is insufficient
- emissions indicate facility is not eligible
- source category not applicable or incorrect
- certification statement is blank or not signed by Responsible Official (Owner)
- other: Non-payment of annual operation fees.

If you have any questions regarding the Department's determination, please contact Rick Butler or Sandy Bowman at the Bureau of Air Monitoring and Mobile Sources at 850/488-0114. However, if you believe you meet the requirements for a Title V Air General Permit, you may complete the enclosed blank notification form, making the corrections indicated above, and resubmit it to the Department. Any facility which does not qualify for a Title V air

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general permit may require a standard air pollution control permit from the Department. A notice of your legal rights begins on the following page.

The DEP will consider the above-noted action final unless a timely petition for an administrative hearing is filed pursuant to Sections 120.569 and 120.57, Florida Statutes, (F.S.).

A person whose substantial interests are affected by the proposed decision may petition for an administrative hearing in accordance with sections 120.569 and 120.57, F.S. The petition must contain the information set forth below and must be filed (received) by the Agency Clerk in the DEP Office of General Counsel, MS #35, 3900 Commonwealth Boulevard, Tallahassee, FL, 32399-3000 (Telephone: 850/488-9314, Fax: 850/487-4938). Petitions filed by the permit applicant or any of the parties listed below must be filed within 14 (fourteen) days of receipt of this notice. Petitions filed by any other person must be filed within 14 (fourteen) days of receipt of notice of this proposed action. A petitioner must mail a copy of the petition to the applicant at the address indicated above, at the time of filing. The failure of any person to file a petition within the appropriate time period shall constitute a waiver of that person's right to request an administrative determination (hearing) under Sections 120.569 and 120.57, F.S., or to intervene in this proceeding and participate as a party to it. Any subsequent intervention will be only at the approval of the presiding officer upon the filing of a motion in compliance with Rule 28-106.205, F.A.C..

A petition that disputes the material facts on which the permitting authority's action is based must contain the following information:

- (a) The name and address of each agency affected and each agency's file or identification number, if known;
- (b) The name, address, and telephone number of the petitioner; the name, address and telephone number of the petitioner's representative, if any, which shall be the address for service purposes during the course of the proceeding; and an explanation of how the petitioner's substantial interests will be affected by the agency determination;
- (c) A statement of how and when each petitioner received notice of the agency action or proposed action;
- (d) A statement of all disputed issues of material fact. If there are none, the petition must so indicate;
- (e) A concise statement of the ultimate facts alleged, as well as the rules and statutes which entitle the petitioner to relief;
- (f) A statement of the specific rules or statutes the petitioner contends require reversal or modification of the agency's proposed action; and,
- (g) A statement of the relief sought by the petitioner, stating precisely the action petitioner wishes the agency to take with respect to the agency's proposed action.

A petition that does not dispute the material facts upon which the permitting authority's action is based shall state that no such facts are in dispute and otherwise shall contain the same information as set forth above, as required by Rule 28-106.301, F.A.C.

Because the administrative hearing process is designed to formulate final agency action, the filing of a petition means that the permitting authority's final action may be different from the position taken by it in this notice. Persons whose substantial interests will be affected by any such final

decision of the permitting authority on the application have the right to petition to become a party to the proceeding, in accordance with the requirements set forth above.

Mediation will not be available in this proceeding.

In addition to the above, a person subject to regulation has a right to apply to the Department of Environmental Protection for a variance from or waiver of the requirements of particular rules, on certain conditions, under Section 120.542, F.S. The relief provided by this state statute applies only to state rules, not statutes, and not to any federal regulatory requirements. Applying for a variance or waiver does not substitute or extend the time for filing a petition for an administrative hearing or exercising any other right that a person may have in relation to the action proposed in this note.

The application for a variance or waiver is made by filing a petition with the Office of General Counsel of the Department of Environmental Protection, 3900 Commonwealth Boulevard, Mail Station #35, Tallahassee, Florida 32399-3000. The petition must specify the following information:

- (a) The name, address, and telephone number of the petitioner;
- (b) The name, address, and telephone number of the attorney or qualified representative of the petitioner, if any;
- (c) Each rule or portion of a rule from which a variance or waiver is requested;
- (d) The citation to the statute underlying (implemented by) the rule identified in (c) above;
- (e) The type of action requested;
- (f) The specific facts that would justify a variance or waiver for the petitioner;
- (g) The reason why the variance or waiver would serve the purposes of the underlying statute (implemented by the rule); and,
- (h) A statement whether the variance or waiver is permanent or temporary and, if temporary, a statement of the dates showing the duration of the variance or waiver requested.

The Department will grant a variance or waiver when the petition demonstrates both that the application of the rule would create a substantial hardship or violate principles of fairness, as each of those terms is defined in Section 120.542(2), F.S., and that the purpose of the underlying statute will be or has been achieved by other means by the petitioner.

Persons subject to regulation pursuant to any federally delegated or approved air program should be aware that Florida is specifically not authorized to issue variances or waivers from any requirements of any such federally delegated or approved program. The requirements of the program remain fully enforceable by the Administrator of the United States Environmental Protection Agency and by any person under the Clean Air Act unless and until the Administrator separately approves any variance or waiver in accordance with the procedures of the federal program.

Any party to this order (permit) has the right to seek judicial review of the permit pursuant to Section 120.68, F.S., by the filing of a Notice of Appeal pursuant to Rule 9.110, Florida Rules of Appellate Procedure, with the Clerk of the permitting authority in the Legal Office; and by filing a copy of the Notice of Appeal accompanied by the applicable filing fees with the appropriate District Court of Appeal. The Notice of Appeal must be filed within 30 (thirty) days from the date this Notice is filed with the Clerk of the permitting authority.

Executed in Tallahassee, Florida, this 22 day of November, 2002.

STATE OF FLORIDA DEPARTMENT OF
ENVIRONMENTAL PROTECTION

Howard L. Rhodes

Howard L. Rhodes, Director
Division of Air Resource Management

CERTIFICATE OF SERVICE

The undersigned duly designated deputy agency clerk hereby certifies that this order and all copies were sent by certified mail before the close of business on 11/22/02 to the person(s) listed:

FILING AND ACKNOWLEDGMENT FILED, on this date, pursuant to section 120.52(7), Florida Statutes, with the designated agency Clerk, receipt of which is hereby acknowledged.

Martha Jane Wise
(Clerk)

11/22/02
(Date)



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.

436752 FEB23 2004

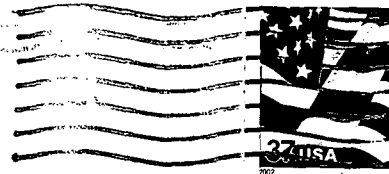
TOTAL AMOUNT DUE: \$50.00

RECEIVED
FEB 27 2004
Bureau of Air Monitoring
& Mobile Sources

Do NOT Remove Label

1030383
ZUL VALJI
FLAMINGO DRY CLEANERS
7613 49TH STREET N
PINELLAS PARK FL 33781

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



GENERAL PERMIT SECTION
BUREAU OF AIR MONITORING
& MOBILE SOURCES, MS5510
DEPT. OF ENV. PROTECTION
2600 BLAIR STONE ROAD

TALLAHASSEE, FL 32399-2400

32399+6542 01

SEN

PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS

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.

1 Article Addressed to:

#1030383
MR ZUL VALJI
FLAMINGO CLEANERS
7613-49TH STREET NORTH
PINELLAS PARK FLORIDA 33781

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

C. Signature

X

Zul Valji

11/25

Agent
 Addressee

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

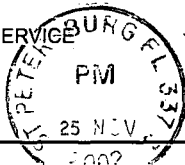
3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

2. 7099 3400 0000 1454 12339

UNITED STATES POSTAL SERVICE



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DEPARTMENT OF ENVIRONMENTAL PROTECTION
2600 BLAIR STONE ROAD MS 5510
TALLAHASSEE FLORIDA 32399-2400

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NOV 27 2002

Bureau of Air Monitoring
& Mobile Sources

ATT: RICK BUTLER

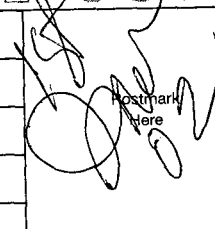
2399+2400



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

OFFICIAL USE

7001 0320 0001 7976 6683

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

AIRS ID#1030383

Sent To **FLAMINGO DRY CLEANERS**
ZUL VALJI
 Street, Apt. No., or PO Box No. **7613 49TH STREET N**
 City, State, ZIP+ **PINELLAS PARK FL 33781**

PS Form 3800

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#1030383

FLAMINGO DRY CLEANERS
ZUL VALJI
7613 49TH STREET N
PINELLAS PARK FL
33781

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 (Copy from service label)

7001 0320 0001 7976 6683

UNITED STATES POSTAL SERVICE



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

Bureau of Air Monitoring
& Mobile Sources

FEB 10 2003

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PLACE STICKER AT TOP OF ENVELOPE

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.

1 Article Addressed to:

AIRS ID#0990593

CONGRESS CLEANERS
AMIN KAZANI
1541 S CONGRESS AVENUE
DELRAY BEACH FL
33444

A. Signature

X *Mina Joe*

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

4/10/03

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)

70001670001331088940

UNITED STATES POSTAL SERVICE



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Postage & Fees Paid
USPS
Permit No. G-10

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

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STOP 10810
2800 PL. RICHMOND ROAD
TALLAHASSEE, FLORIDA 32399-2400

ST A Monitor
Mobile Sources

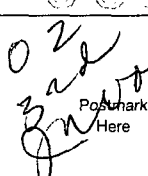
APR 15 2003

RECEIVED

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

7000 1670 0013 3108 8926

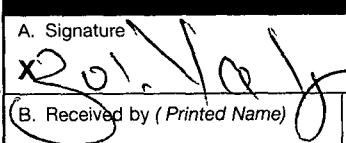
OFFICIAL USE

Postage	\$	 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Post:		AIRES ID#1030383
Sent To	FLAMINGO DRY CLEANERS ZUL VALJI 7613 49TH STREET N PINELLAS PARK FL 33781	
Street, Apt. #		
City, State, Zip		

PS Form 3800, May 2000

See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS

<p>SENDER: COMPLETE THIS SECTION</p> <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> <p style="text-align: right;">AIRES ID#1030383</p> <p>FLAMINGO DRY CLEANERS ZUL VALJI 7613 49TH STREET N PINELLAS PARK FL 33781</p> <p>7000 1670 0013 3108 8926</p> <p>2 Article Number</p> <p><i>(Transfer from service label)</i></p>	<p style="text-align: center;">ON ON DELIVERY</p> <p>A. Signature</p> <p></p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>4-10</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>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>
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UNITED STATES POSTAL SERVICE



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

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STOP 10640
2600 BLAKESTONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

BUR. OF AIR MONITORING
& MOBILE SOURCES

APR 15 2003

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

OFFICIAL USE

7000 1670 0013 3695 3393

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

03
Indice
 Postmark
 Here

AIRS ID#1030383

FLAMINGO DRY CLEANERS
 ZUL VALJI
 7613 49TH STREET N
 PINELLAS PARK FL
 33781

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

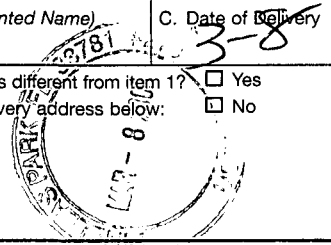
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1 Article Addressed to:

AIRS ID#1030383
 FLAMINGO DRY CLEANERS
 ZUL VALJI
 7613 49TH STREET N
 PINELLAS PARK FL
 33781

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Chylewster Addressee
 B. Received by (Printed Name) _____
 C. Date of Delivery *3-8*
 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) *7000 1670 0013 3695 3393*

UNITED STATES POSTAL SERVICE



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Postage & Fees Paid
USPS
Permit No. G-10

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

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

Bureau of Air Monitor
& Mobile Sources

MAR 10 2003

RECEIVED

32399-2400

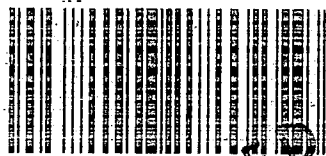


5510

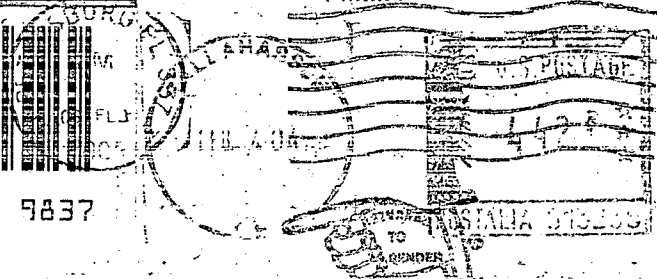
5521

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

GERALD MAIL



7003 2260 0009 5650 9837



MC5521

BAMMS/BCD
JOEY ROBERTS
5510

ID# 1030382
ZUI VALJI
FLAMINGO DRY CLEANERS
7613 49TH STREET N
PINELLAS PARK, FL 33781

RECEIVED

FEB 10 2004

Bureau of Air Monitoring
Mobile Sources

ANK

- Not Deliverable As Addressed
- Unable to Forward
- Insufficient Address
- Moved, Left No Address
- Unclaimed Refused
- Attempted - Not Known
- No Such Street Vacant
- No Such Number
- No Mail Recipient
- Forwarding Order Expired
- Route No. _____ Date _____
- Car/Initials _____

23 751 5244 17

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# 1030383
 ZUL VALJI
 FLAMINGO DRY CLEANERS
 7613 49TH STREET N
 PINELLAS PARK, FL 33781

2. Article Number

(Transfer from service label)

7003 2260 0003 5650 9837

PS Form 3811, August 2001

Domestic Return Receipt

102505 02-M-1640

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Handwritten Signature]

Agent

Addressee

B. Received by (Printed Name)

Maria Chiriac

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 \$	<i>[Handwritten Signature]</i>
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Total Postage: ID# 1030383
 ZUL VALJI
 Sent To: FLAMINGO DRY CLEANERS
 7613 49TH STREET N
 PINELLAS PARK, FL 33781
 Street, Apt. No., or PO Box No.
 City, State, ZIP

7003 2260 0003 5650 9837