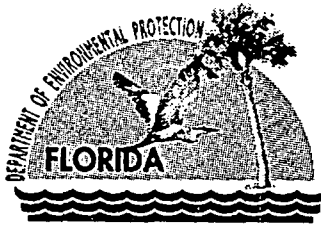


Fees Paid 96-00

SOC 3

Compliance IN



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

November 20, 2001

Mr. Ferri Fotoohi
Unique Cleaners
9128 Wiles Road
Coral Springs, Florida 33067

Re: Facility No.: 0112280-002

Dear Mr. Fotoohi:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on October 15, 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. Jarrett Mack, Broward County

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



Unique Cleaners and Tailors
9128 Wiles Road
Coral Springs, Florida 33067
954-344-2600
954-344-3703
Email: jackandhansa@gmail.com

March 4, 2007

Dick Dibble
2600 Blirstone Road
Tallahassee, FL 32399-2400

RE: ANNUAL OPERATION FEE

Dear Mr. Dibble:

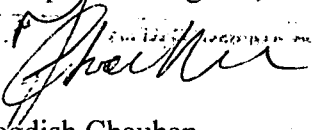
Per your letter dated February 1, 2007 (copy attached for your convenience), I am writing to inform you why Unique Cleaners and Tailors is not required to pay the required Department of Environmental Protection fee.

We purchased Unique Cleaners and Tailors in November of 2005 under the condition that we would not operate a perchloroethylene based dry cleaning machine at the contingency request of the landlord (Simon Properties). The landlord would not allow us to operate any perchloroethylene based equipment in concern of any environmental issues.

The old perchloroethylene machine was removed by Steiner Atlantic and the hazardous materials were removed by Safety Kleen in July of 2006. The old machine was replaced with a new environmentally friendly Hydrocarbon machine that uses DF2000 solvent and installation was completed by August of 2006.

Please allow this to serve as a request to remove us from any obligation due The State for the annual operation fee for this year and any future years. Should you need any further information from us, please do not hesitate to ask. Thank you for your attention to this matter.

Best personal regards,


Jagdish Chauhan
Owner, Unique Cleaners and Tailors

3/8/07 - 11:15 AM
I CALLED MR. CHAUHAN
AND TOLD HIM THAT BASED ON HIS
LETTER I WOULD "INACTIVATE" HIS
FACILITY. HOWEVER, HIS ANNUAL
EMISSIONS FEE FOR 2006 WAS
STILL DUE SINCE HE OPERATED
A PERC FACILITY IN 2006. HE
THOUGH BILLING WAS FOR 4 2007.

BEST AVAILABLE COPY

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.

INACTIVE

REC
MAY 07
Bureau

TOTAL AMOUNT DUE: \$50.00

FILE

Do NOT Remove Label

AIRS ID#112280
UNIQUE CLEANERS
9128 Wiles Rd
CORAL SPRINGS, FLORIDA 33067

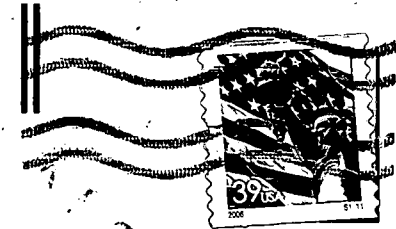
FLAIR ACCT. CODE 372020350013755010000
BENEFITTING OBJECT CODE 002000
BENEFITTING CATEGORY 000200

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

Printed on recycled paper.

SOUTH FLORIDA PEC

FL 330 4-L
05 MAR 2007 PM

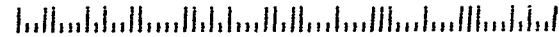


*No Check
DN*

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

RECEIVED
MAR 07 2007

323153070 8099



RECEIVED
OCT 15 2001

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

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): Ferri Fotoohi / Unique Cleaners, Inc.
2. Site Name (For example, plant name or number): Unique Cleaners
3. Hazardous Waste Generator Identification Number: FLD 984167791
4. Facility Location: Street Address: 9128 Wiles Rd. City: Coral Springs County: Broward Zip Code: 33067
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0112280-002

Responsible Official

6. Name and Title of Responsible Official: Name: Ferri Fotoohi Title: President
7. Responsible Official Mailing Address: Organization/Firm: Unique Cleaners, Inc. Street Address: 9128 Wiles Rd. City: Coral Springs County: Broward Zip Code: 33067
8. Responsible Official Telephone Number: Telephone: (954) 344-2660 Fax: () -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): Moe Fotoohi
10. Facility Contact Address: Street Address: 9128 Wiles Rd. City: Coral Springs County: Broward Zip Code: 33067
11. Facility Contact Telephone Number: Telephone: (954) 344-2600 Fax: () -

0112280-002

page 15

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

Date Control Device Installed should be
blank. Mark out and initial.

page 17

Responsible official sign and date for changes
made.

DEP ROUTING AND TRANSMITTAL SLIP

TO: (NAME, OFFICE, LOCATION)

3. _____

1. _____

4. _____

2. _____

5. _____

PLEASE PREPARE REPLY FOR:

COMMENTS:

____ 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

FROM: _____ DATE: _____ PHONE: _____

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")
1990	<input checked="" type="radio"/> Existing <input type="radio"/> New	<input checked="" type="radio"/> RC <input type="radio"/> CA <input type="radio"/> None required	Same (1990)
_____	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?

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
No such units on-site

OR

How many boilers do you have on-site?

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

What type of fuel do you use?

propane

natural gas

No. 2 fuel oil

No. 4 fuel oil

No. 6 fuel oil

Other (please list) _____

6. Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

(a) Purchase receipts and solvent purchases/solvent addition log

(b) Leak detection inspection and repair

(c) Refrigerated condenser temperature monitoring

(d) Carbon adsorber exhaust perc concentration monitoring

(e) Startup, shutdown, malfunction plan

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are _____
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

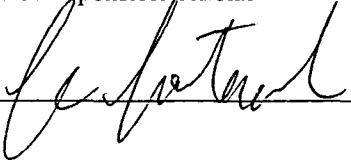
Responsible Official Certification

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.

Ferris Fotoshi

Print name of responsible official



Signature

10-10-01

Date

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

OFFICIAL USE

7000 2870 0000 7027 4817

Postage \$		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement)		
AIRS ID # 0112280		
Total Postage	UNIQUE CLEANERS INC FERRI FOTOOHI 9128 WILES ROAD CORAL SPRINGS FL Street, Apt. 1 33067 City, State, ZIP+ 4	
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 # 0112280
 UNIQUE CLEANERS INC
 FERRI FOTOOHI
 9128 WILES ROAD
 CORAL SPRINGS FL
 33067

70002870000070274817

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) *M. F. FOTOOHI* B. Date of Delivery *2-9*
- C. Signature *M. F. FOTOOHI* 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

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

Bureau of Air Monitoring
& Mobile Sources

FEB 14 2002

RECEIVED

470982 MAR14 2007

Do NOT Remove Label

AIRS ID#112280
UNIQUE CLEANERS *STAILOR* ✓
9128 Wiles Rd
CORAL SPRINGS, FLORIDA 33067

FLAIR ACCT. CODE 372020350013755010000
BENEFITTING OBJECT CODE 002000
BENEFITTING CATEGORY 000200

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

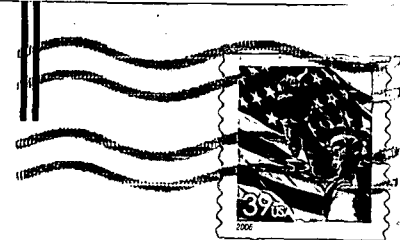
Bureau of
Mobile Source
MAR 19 2007

Printed on recycled paper.

UNIQUE CLEANERS
9128 WILES ROAD
C/S. FL 33067

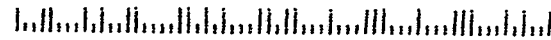
SOUTH FLORIDA PDC

FL 330 4 T
12 MAR 2007 PM



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

323153070 BOSS



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

457439 DEC29 2005

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

112280 10
UNIQUE CLEANERS ~~RE~~ TAILOR
9128 Wiles Rd
CORAL SPRINGS, FL 33067

Bureau of Air Monitoring
& Mobile Sources

DEC 30 2005

RECEIVED

FLAIR ACCT. CODE 372020350013755010000
BENEFITTING OBJECT CODE 002000
BENEFITTING CATEGORY 000200

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

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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# 112280 1stC
 UNIQUE CLEANERS INC
 9128 Wiles Rd
 CORAL SPRINGS, FL 33067

Sent To: _____
 Street, Apt. 1 or PO Box N
 City, State, 2

PS Form 3811, June 2002 See Reverse for Instructions

7004 2510 0002 3939 3677

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# 112280 1stC
 UNIQUE CLEANERS INC
 9128 Wiles Rd
 CORAL SPRINGS, FL 33067

COMPLETE THIS SECTION ON DELIVERY

A. Signature		<input type="checkbox"/> Agent
<i>X m A Fathy</i>		<input type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery	
<i>Fathy</i>	<i>2/7/05</i>	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes		
if YES, enter delivery address below: <input type="checkbox"/> No		

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

7004 2510 0002 3939 3677

Delivery? (Extra Fee) Yes

2. Article Number
 (Transfer from service label)

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

Bureau of Air Monitoring
& Mobile Sources

RECEIVED
FEB 21 2005



(Cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

446662 FEB 16 2005

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# 112280 10
UNIQUE CLEANERS INC
9128 Wiles Rd
CORAL SPRINGS, FL 33067

Bureau of Air Motion
& Mobile Sound
RECEIVED
FEB 17 2005
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

437312 MAR 3 2004

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

ID# 112280
FERRI FOTOHI
UNIQUE CLEANERS INC
9128 WILES ROAD
CORAL SPRINGS, FL 33067

Bureau of Air Motion
& Mobile Sound
RECEIVED
MAR 11 2004
FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273

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	2 nd cert. Postmark Here 2003
AIRS ID # 112280	
Sent Street or PO City	FERRI FOTOOHI UNIQUE CLEANERS INC 9128 WILES ROAD CORAL SPRINGS, FL 33067
PS Form	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 # 112280

FERRI FOTOOHI
 UNIQUE CLEANERS INC
 9128 WILES ROAD
 CORAL SPRINGS, FL 33067

 2. Article Number
 (Transfer from service label)

7003 0500 0004 0144 5104

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
 Agent
 Addressee
- B. Received by (Printed Name)
 FOTOOHI
- C. Date of Delivery
 3.6
- 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 SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

MAR 15 2004

RECEIVED

0920 7595 5651 0260

U.S. Postal Service™
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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 ID# 112280

Sent To FERRI FOTOOHI
 UNIQUE CLEANERS INC
 9128 WILES ROAD
 CORAL SPRINGS, FL 33067

Street, Apt. No. or PO Box No.
 City, State, ZIP

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:

ID# 112280
 FERRI FOTOOHI
 UNIQUE CLEANERS INC
 9128 WILES ROAD
 CORAL SPRINGS, FL 33067

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X  Agent
 Addressee

B. Received by (Printed Name) Date of Delivery
 M. Fotoohi 2-6

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.

Restricted Delivery? (Extra Fee) Yes

7003 2260 0003 5651 0260

2. Article Number
 (Transfer from service label)

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

423455 FEB24 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

RECEIVED
FEB 28 2003
Bureau of Air Monitoring
& Mobile Sources

Do **NOT** Remove Label

AIRS ID#0112280
UNIQUE CLEANERS INC FERRI FOTOOHI 9128 WILES ROAD CORAL SPRINGS FL 33067

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

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

7001 0320 0001 7975 6653

OFFICIAL USE

Postage \$ _____

Certified Fee _____

Return Receipt Fee (Endorsement Required) _____

Restricted Delivery Fee (Endorsement Required) _____

To: _____

AIRS ID#0112280

Send to: **UNIQUE CLEANERS INC**
 Street: **FERRI FOTOOHI**
 or P.O. Box: **9128 WILES ROAD**
 City: **CORAL SPRINGS FL**
 ZIP: **33067**

PS Instructions

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>A. Received by <i>(Please Print Clearly)</i> M. Fatah B. Date of Delivery 2.7</p> <p>C. Signature X M A Fatah <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</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>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID#0112280</p> <p>UNIQUE CLEANERS INC FERRI FOTOOHI 9128 WILES ROAD CORAL SPRINGS FL 33067</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? <i>(Extra Fee)</i> <input type="checkbox"/> Yes</p>
<p>2. Article Number 7001 0320 0001 7975 6653 <i>(Transfer from service label)</i></p>	
<p>PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424</p>	



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

414723 MAR 1 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

X

Do **NOT** Remove Label

AIRS ID # 0112280
UNIQUE CLEANERS INC
FERRI FOTOOHI
9128 WILES ROAD
CORAL SPRINGS FL
33067

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