



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

January 27, 1997

Ms. Gloria Volencia  
Egle Valet Cleaners  
9769 West Sample Road  
Coral Spring, Florida 33065

Re: Facility I.D. No. 0112309

Dear Ms. Volencia:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 3, 1996.

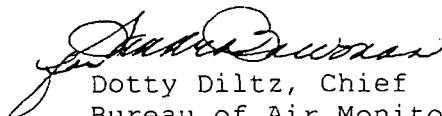
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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

P 265 302 387

US Postal Service  
**Receipt for Certified Mail**  
No Insurance Coverage Provided.  
Do not use for International Mail (See reverse)

Sent to

AIRS ID#: 0112309

GLORIA VALENCIA  
GLORIA VALENCIA  
9769 W SAMPLE  
CORAL SPRINGS FL 33065

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

PS Form 3800, April 1995

2/14/97

Fold at line over top of envelope to

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

- I also wish to receive the following services (for an extra fee):
- Addressee's Address
  - Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

AIRS ID#: 0112309  
GLORIA VALENCIA  
GLORIA VALENCIA  
9769 W SAMPLE  
CORAL SPRINGS FL 33065

4a. Article Number  
265 302 387

4b. Service Type  
 Registered  
 Express Mail  
 Return Receipt for Merchandise  
 Certified  
 Insured  
 COD

7. Date of Delivery  
2-20-97

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
X [Signature]

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Ser. 7e.

#0112309

EGLE Valet Cleaners

-spoke with Gloria Valencia-  
Pardo - 10/4/96

p.15 5.(d) not required, mark out  
"x" and initial  
5.(A) required

# Perchloroethylene Dry Cleaning Facility Notification

## Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): <i>GLORIA VALENCIA</i>
2. Site Name (For example, plant name or number): <i>EGLE VALET CLEANERS</i>
3. Hazardous Waste Generator Identification Number: <i>FLD 982145567</i>
4. Facility Location: Street Address: <i>9769 W. Sample Rd</i> City: <i>Coral Spring</i> County: <i>Broward</i> Zip Code: <i>33065</i>
5. Facility Identification Number (DEP Use): <i>0112309</i>

Responsible Official *SAME AS ABOVE*

6. Name and Title of Responsible Official:
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code:
8. Responsible Official Telephone Number: Telephone: ( ) - Fax: ( ) -

## Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): <i>RAFAEL CRUZ</i>
10. Facility Contact Address: Street Address: <i>9769 W. Sample Rd</i> City: <i>CORAL SPRING</i> County: <i>BROWARD</i> Zip Code: <i>33065</i>
11. Facility Contact Telephone Number: Telephone: ( ) - Fax: ( ) -

RECEIVED

SEP 6 1996

### Perchloroethylene Dry Cleaning Facility Notification

#### Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	GLORIA VALENCIA - PARDO		
2. Site Name (For example, plant name or number):	EGLE VALET CLEANERS		
3. Hazardous Waste Generator Identification Number:	FLD 982145567		
4. Facility Location:	9769 W. Sample Rd		
Street Address:			
City:	Covert Springs	County:	Brown
		Zip Code:	33065
5. Facility Identification Number (DEP Use):	0112309		

Responsible Official SAME AS ABOVE

6. Name and Title of Responsible Official:	GLORIA VALENCIA - PARDO OWNER		
7. Responsible Official Mailing Address:			
Organization/Firm:			
Street Address:			
City:	County:	Zip Code:	
8. Responsible Official Telephone Number:			
Telephone:	(954) 345-5973	Fax:	( ) -

#### Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	RAFAEL CRUZ - SU		
10. Facility Contact Address:	9769 W. Sample Rd		
Street Address:			
City:	Covert Springs	County:	Brown
		Zip Code:	33065
11. Facility Contact Telephone Number:			
Telephone:	( ) - 345-59	Fax:	( ) -

### Facility Information

1.(a) 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.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>									
	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
<b>Dry-to-Dry Unit</b>									
	<i>DRY TO DRY</i>								
(1) w/ ref. condenser	(1)	JAN 1990							
(2) w/ carbon adsorber			JAN 1990						
(3) w/ no controls									
<b>Washer Unit</b>									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
<b>Dryer Unit</b>									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
<b>Reclaimer Unit</b>									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?  
 gallons

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

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

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.)

*existing  
small  
none*

Existing small area source

New small area source

Existing large area source

New large area source

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

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 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:

*All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.*

All steam and hot water generating units exempt

No such units on-site

### 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

(b) Leak detection inspection and repair

(c) Refrigerated condenser temperature monitoring

(d) Carbon adsorber exhaust perc concentration monitoring

(e) Instrument calibration

(f) Start-up, shutdown, malfunction plan

**Surrender of Existing Air Permit(s)**

Please indicate with an "X" the appropriate selection:

I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)

\_\_\_\_\_

No 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.*

Signature

*[Handwritten Signature]*

Date

*8/15/96*



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

7000 0520 0020 9372 9361

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Tot</b>	

Postmark  
Here

10 AIRS ID # 0112309001AG  
**Rec** GLORIA VALENCIA  
 EGLE VALET CLEANRS  
**Str** 9769 W SAMPLE  
 CORAL SPRINGS FL 33065  
**City**

(Postmark)

*Mr. Littleman*

PS Form 3800, February 2000 See Reverse for Instructions.

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS FOLD AT DOTTED LINE

<p><b>SENDER</b></p> <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p>10 AIRS ID # 0112309001AG                  GLORIA VALENCIA                  EGLE VALET CLEANRS                  9769 W SAMPLE                  CORAL SPRINGS FL 33065</p> <p>2. Article Number (Copy from service label)                  7000 0520 0020 9372 9361</p>	<p><b>ACTION ON DELIVERY</b></p> <p>A. Received by (Please Print Clearly) B. Date of Delivery</p> <p>C. Signature <input checked="" type="checkbox"/> Agent  <input checked="" 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>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
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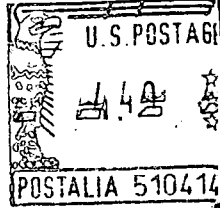
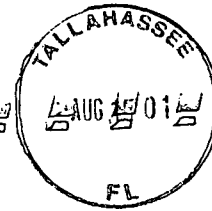
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**CERTIFIED MAIL**

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
MS 5510-37550 304000  
2600 BLAIR STONE ROAD  
TALLAHASSEE FL 32399-2400



7000 0520 0020 9372 9361



2001 LAUDERDALE FL 333 AUG 18 2001

RETURN TO SENDER  
FORWARDING ORDER EXPIRED  
*Inactive*

*[Handwritten signature]*

10 AIRS ID # 0112309001AG  
GLORIA VALENZA  
EDGE VALLEY CLEANERS  
9769 W SAMPLE  
CORAL SPRINGS FL 33065

**RECEIVED**  
AUG 22 2001  
Director of Air Monitoring  
& Mobile Sources

Z 333 613 746

US Postal Service  
**Receipt for Certified Mail**

AIRS ID# 0112309

EAGLE VALET CLEANERS  
GLORIA VALENCIA  
9769 W SAMPLE  
CORAL SPRINGS FL 33065

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address
2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID# 0112309  
EAGLE VALET CLEANERS  
GLORIA VALENCIA  
9769 W SAMPLE  
CORAL SPRINGS FL 33065

4a. Article Number

2 333 613 746

4b. Service Type

- |   |   |
|---|---|
| <input type="checkbox"/> Registered                     | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail                   | <input type="checkbox"/> Insured              |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD                  |

7. Date of Delivery

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

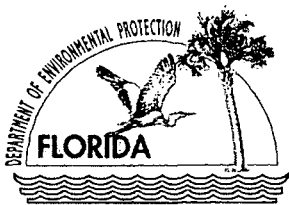
6. Signature: (Addressee or Agent)

X

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

Domestic Return Receipt



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

## LETTER OF NONCOMPLIANCE

AIRS ID# 0112309

TO: EAGLE VALET CLEANERS  
GLORIA VALENCIA  
9769 W SAMPLE  
CORAL SPRINGS FL 33065

Our records indicate that you have previously claimed entitlement to use a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.), as the owner or operator of an eligible facility. However, if one or more of the following events has occurred, you are no longer eligible to operate under the Title V Air General Permit. Department records currently indicate that your facility is not in compliance with the item(s) checked below:

- 1) The facility has a new owner or operator (Rule 62-213.300(3)(a), F.A.C.).
- 2) The annual emissions fee for your facility has not been received by the Department (Rule 62-213.300(3)(b), F.A.C.).
- 3) The annual Compliance Certification for your facility has not been filed with the Department (Rule 62-213.300(3)(n), F.A.C.).

If your facility is to continue to operate under the Title V Air General Permit, the condition(s) referenced above must be corrected. Please call our Division for assistance--either **Sandra Bowman at 850/921-9583** or **Rick Butler at 850/921-9586**.

The terms and conditions stated in the Title V Air General Permit continue to apply whether or not the facility is still operating. The Responsible Official (RO) is considered to be responsible for the permitted facility until the permit is surrendered, including any violations or payment of fees. If you wish to give up your eligibility to use the Title V Air General Permit, please sign and return this form in the enclosed self-addressed envelope. This will remove your name from our annual billing list used to notify when Title V permit fees are due.

*I am the Responsible Official for the facility identified above and hereby notify the Department that I surrender the Title V Air General Permit for that facility.*

\_\_\_\_\_  
*Name (please print)*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*  
"Protect, Conserve and Manage Florida's Environment and Natural Resources"

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

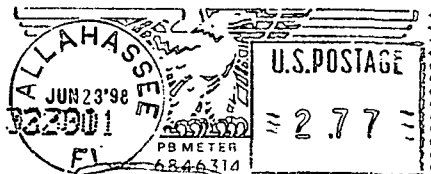
550304

**CERTIFIED**

Z 333 613 746

198184082223998T0HHEFL 322001

**MAIL**



RETURNED TO  
SENDER  
MOVED LEFT IN ADDRESS  
BOOK ENCL  
JUN 30 1998

**MLN RECEIVED**

Bureau of Air Monitoring  
& Mobile Sources



Facility Owner or Operator  
Page Two

Your prompt response to correct or clarify this situation will be greatly appreciated. If you have any questions, please call the Division staff listed above or the Small Business Assistance Program hotline at 800/722-7457.

Sincerely,

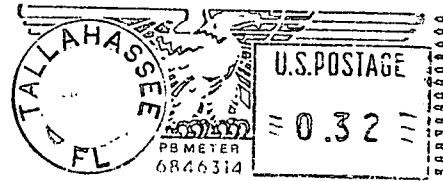
A handwritten signature in cursive script, appearing to read "Sandra Bowman".

Sandra Bowman  
Title V Air General Permit Program

/SB

cc: District/Local program

BUR. OF AIR MONITORING & MOBILE SOURCES  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400



Z 333 613 096

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

AIRS ID# 0112309

EGLÉ VALET CLEANERS  
GLORIA VALENCIA  
9769 W SAMPLE  
CORAL SPRINGS FL 33065

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

EGLÉ VALET CLEANERS  
GLORIA VALENCIA  
9769 W SAMPLE  
CORAL SPRINGS FL 33065

AIRS ID# 0112309

4a. Article Number

Z 333 613 096

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- Certified
- Insured
- COD

7. Date of Delivery

5. Received By: (Print Name)

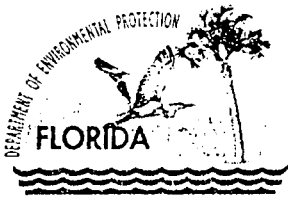
6. Signature: (Addressee or Agent)

X

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.





# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

April 2, 1998

**NOTICE OF LATE PAYMENT OF ANNUAL EMISSIONS FEE**  
**VIA: CERTIFIED MAIL WITH RETURN RECEIPT**

TO: User of Title V Air General Permit

Department records indicate that during calendar year 1997 you operated a facility which is a source of air pollution. You have also claimed eligibility for this 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 emissions fee, as established by the Department in Rule 62-213.205, F.A.C. You are also required, under Rule 62-213.300(2)(c)2, F.A.C., to notify the Department in writing of any change in facility status.

The annual emissions fee for your facility is \$50 for calendar year 1997. A notice of your obligation to pay the annual emissions fee was sent to you by certified mail, along with an invoice form and instructions.

As of this date, the Department has not received your annual emissions fee. Therefore, in accordance with Rule 62-213.205(1)(g), F.A.C., the Department is assessing a 50% penalty against your facility, for a total fee of \$75.00 for calendar year 1997.

Under Rule 62-213(1)(g), F.A.C., failure to timely pay the required annual emissions fee, penalty, or interest constitutes grounds for revocation of your Title V Air General Permit. If the fee and penalty are not promptly paid, the Department will revoke your facility's Title V Air General Permit and may also seek interest in accordance with Section 220.807, F.S.

To submit your \$75.00 payment, please follow the directions on the enclosed invoice form. If you have any questions, you may call Rick Butler at 850/921-9586 or Sandra Bowman at 850/921-9583. Thank you for your immediate attention to this matter.

Sincerely,

Doty Diltz, Chief  
Bureau of Air Monitoring  
and Mobile Sources

/DD

Enclosure: Invoice Form

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

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

CERTIFIED

Z 333 613 096

MAIL

550304  
MS5510



*MLP*

*APR 15 1998*  
Bureau of Air Monitoring  
& Mobile Sources  
MOVED LEFT NO ADDRESS  
ROMBANO BCS, FL

AIRS ID# 0112309  
EGLE VALET CLEANERS  
GLORIA VALENCIA  
9769 W SAMBROOK  
CORAL SPRINGS FL 33065

RECEIVED  
*09-8-98*  
*1302*  
*0276*

33065-4009/2400



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
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 32399-2400

 (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 can be found below on your mailing label.

## TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

GLORIA VALENCIA  
GLORIA VALENCIA  
9769 W SAMPLE  
CORAL SPRINGS FL 33065

AIRS ID#0112309

**FOR GOVERNMENT USE ONLY**  
Org.: 37550101000 EO: B1  
Fund: 20-2-035001  
Obj.: 002273



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

262041 ✓

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

RECEIVED  
MAIL ROOM

FEB 28 97

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

AIRS ID#: 0112309  
GLORIA VALENCIA  
GLORIA VALENCIA  
9769 W SAMPLE  
CORAL SPRINGS FL 33065

**FOR GOVERNMENT USE ONLY**  
**Org.: 37550101000 EO: B1**  
**Fund: 20-2-035001**  
**Obj.: 002273**