



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

November 4, 1998

Mr. Jaleel Khan
Sunset Cleaners
8288 Sunset Strip
Sunrise, Florida 33322

Re: Facility No.: 0112424

Dear Mr. Khan:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on October 26, 1998.

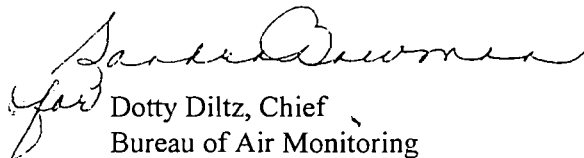
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

Bowman, Sandy

From: Thomas, Bruce X.
Sent: Wednesday, December 15, 2004 9:25 AM
To: 'Bittle, Clifton'
Cc: Bowman, Sandy
Subject: FW: Comptroller write off

Cliff,

For your records – Sunset Cleaners (AIRS ID# 0112424) paid the 2003 annual operating fee with a worthless check. This has been logged in the database. Bruce

-----Original Message-----

From: Peddicord, Jennifer
Sent: Wednesday, December 15, 2004 9:01 AM
To: Thomas, Bruce X.
Cc: Sullivan, Ann
Subject: RE: Comptroller write off

There was no ID# or Reference# located on the check or in CRA.
Here is the information from the check.

J & S Khan, Inc.
DBA Sunset Cleaners
8288 Sunset Strip
Sunrise, FL 33322

Hope that helps
Jennifer

-----Original Message-----

From: Thomas, Bruce X.
Sent: Wednesday, December 15, 2004 8:39 AM
To: Peddicord, Jennifer
Subject: FW: Comptroller write off

Jennifer,

We have a number of Sunset Cleaners in our database. Do you have the AIRS ID# for this facility? Thanks, Bruce

-----Original Message-----

From: Bowman, Sandy
Sent: Wednesday, December 15, 2004 6:29 AM
To: Thomas, Bruce X.
Subject: FW: Comptroller write off

FYI

Sandy Bowman
Environmental Administrator
Division of Air Resource Management
850/921-9583 or sandy.bowman@dep.state.fl.us <<mailto:sandy.bowman@dep.state.fl.us>>

-----Original Message-----

From: Adams, Patty
Sent: Tuesday, December 14, 2004 4:37 PM
To: Bowman, Sandy

Subject: FW: Comptroller write off

This should have gone to you, I believe.

-----Original Message-----

From: Peddicord, Jennifer

Sent: Tuesday, December 14, 2004 4:24 PM

To: Adams, Patty

Cc: Sullivan, Ann

Subject: Comptroller write off

The Comptroller has given us permission to write off the following account:

Sunset Cleaners

\$50.00 bad check applied to object code 2273

If you need additional information please let me know.

Jennifer Peddicord

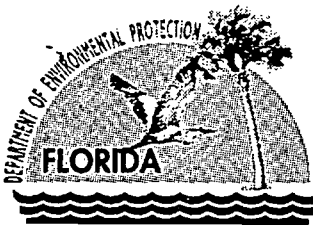
Accountant I

FDEP - Administration/Revenue, MS-77

Room 275.07, Carr Building

Phone# 850-245-2456, SC 205-2456

Fax# 850-245-2464, SC 205-2464



Jeb Bush
Governor

Department of Environmental Protection

Marjory Stoneman Douglas Building
3900 Commonwealth Boulevard
Tallahassee, Florida 32399-3000

David B. Struhs
Secretary

March 20, 2002

#0112424
Sunset Cleaners
8288 Sunset Strip
Sunrise, FL 33322

RECEIVED

MAR 26 2002

BUREAU OF AIR REGULATION

RE: Bad Check
REC: #009306
REM: 461110

To whom it may concern:

You are hereby notified that your check #2323 drawn on First Union Bank issued by you on February 15, 2002 and made payable to Florida Department of Environmental Protection has been returned to us and marked "INSUFFICIENT FUNDS". Pursuant to Chapter 215.34 FS, you have seven (7) days from receipt of this notice to render payment in the full amount of \$50.00 plus a service fee of \$15.00 or 5%, (per check) whichever is greater. The amount due being \$65.00. Unless this amount is paid in full within the time specified above, the holder of such check may turn over the dishonored check and all other available information relating to this incident to the State Attorney for criminal prosecution.

Please return this letter and a **Cashier's Check or Money Order** payable to the **Department of Environmental Protection** in the amount of \$65.00 to the **Bureau of Finance & Accounting, P.O. Box 3070, Tallahassee, Florida 32315**. As soon as we receive your remittance, your dishonored check will be returned. If you have any questions please contact me at (850) 488-2400. Thank You.

Sincerely,

Ann R. Sullivan
Accounting Services Supervisor
Bureau of Finance and Accounting

AS/bp
cc: Reading File
Cashier
Patty Adams-MS 5505

"More Protection, Less Process"

Printed on recycled paper.

AIR 9306

UNAVAILABLE 2323

J & S KHAN, INC.
DBA SUNSET CLEANERS
8288 SUNSET STRIP
SUNRISE, FL 33322

63-643/670
BRANCH 13095

1/15/02

DATE

PAY TO THE ORDER OF

Department of Environment

FUNDS

DOLLARS



Security Features Details on Deck.

FIRST UNION

First Union National Bank
firstunion.com
Org. 003 R/T 067006432

INSUFFICIENT FUNDS

FLEXIBLE BUSINESS BANKING

FOR

skl



© HARLAND Ship 2

--ATTENTION MAIL ROOM--

**PLEASE ROUTE THIS
DOCUMENT TO:**

Patty Adams

Name of Individual/Office

MS 5505

Mail Station Number

011 2424

p14

(C) Should not be marked. Mark out
and initial.

p15

(F) Required. Should be marked.

p16

List all air permits surrendered.
If none exist, mark "no air permits"
and mark out top section.

Responsible official sign and date
for changes made

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	J & S KHAN INC
2. Site Name (For example, plant name or number):	SUNSET CLEANER
3. Hazardous Waste Generator Identification Number:	FLD 0473 96403 (EPA)
4. Facility Location: Street Address:	8288 SUNSET STRIP
City:	SUNRISE
County:	BROWARD
Zip Code:	33322
5. Facility Identification Number (DEP Use):	0112424

RECEIVED
OCT 24 1998
Bureau of Air Monitoring
& Mobile Sources

Responsible Official

6. Name and Title of Responsible Official:	Jaleel KHAN - PRESIDENT
7. Responsible Official Mailing Address: Organization/Firm:	SAME AS #4
Street Address:	
City:	
County:	
Zip Code:	
8. Responsible Official Telephone Number: Telephone:	(954) 741 - 1411
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:	SAME AS (6)
City:	
County:	
Zip Code:	
11. Facility Contact Telephone Number: Telephone:	() -
Fax:	() -

RECEIVED

OCT 26 1998

Bureau of Air Monitoring
& Mobile Sources

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>Aero Tech # 480</i>									
<i>Example</i>	<i>#1</i>	<i>03-OCT-93</i>	<i>12-NOV-93</i>	<i>#2</i>	<i>08-DEC-91</i>		<i>#3</i>	<i>02-MAR-92</i>	<i>02-MAR-92</i>
Dry-to-Dry Unit		<i>9-17-98</i>	<i>9-17-98</i>						
(1) w/ ref. condenser									
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(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?

NONE gallons

(b) If less than 12 months, how many? 1 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 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 **Jaleel KHAN**

10/16/98

Date **10/16/98**

300205001

Page ____ of ____

Note #:

EXHIBIT "A"

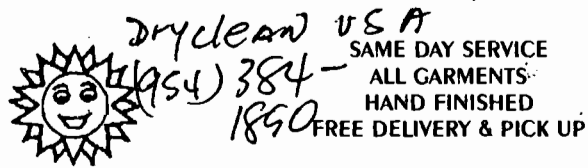
QUANTITY EQUIPMENT DESCRIPTION

- (1) AERO-TECH 48 LB REFRIGERATED DRY CLEANING MACHINE WITH ONE SPIN DISK & ONE CARTRIDGE FILTER, STILL, 3 TANKS, AUTO DRY CONTROL, MICROPROCESSOR OR MANUAL PROGRAM CONTROL. 208-230/60/3

- (1) AERO-TECH SPILL CONTAINMENT TANK

- (1) AQUA CHILLER 5 TON CHILLER WITH LENNOX CONDENSER, 50 GAL WATER TANK AND WATER PUMP 208-230/60/3

- (1) ZEROWASTE, WASTE WATER DISPOSAL APPARATUS 115/60/1



Dryclean USA

(954) 384-1850

SAME DAY SERVICE

ALL GARMENTS

HAND FINISHED

FREE DELIVERY & PICK UP

SUNSET CLEANERS

EXPERT ALTERATIONS

Jaleel

741-1411

SUNSET SHOPPING CENTER

8288 SUNSET STRIP

SUNRISE, FLORIDA 33322

THIS STATEMENT BECOMES A RECEIPT WHEN STAMPED BY REGISTER

Board of County Commissioners
Broward County, Florida
Department of Natural Resources Protection

148392

FEES STATEMENT

Customer Name

Penset Cleaners / J+S KHAN Inc

1. SEWER CONNECTION \$

2. COLLECTION SYSTEM \$

3. PLAT & SITE \$

4. STORAGE TANK \$

5. HAZARDOUS MATERIAL *8288 - Panned Strip* \$ *350 -*

6. RECOVERY FUND/FINES \$

7. AIR POLLUTION — SPECIFY

10/12/98 \$ 9:48AM 0008H6477 ***

HA/PAID \$350.00

8. ~~DOM. SLUDGE~~ IND. SLUDGE, WWTP, TRANSF STA. C.CHECK \$350.00

9. ALL OTHER — SPECIFY \$

TOTAL \$

350 -

Received By

NH

Date

10-12-98

MJD

TSH FROM 329-8917

Board of County Commissioners, Broward County Florida
BROWARD COUNTY OCCUPATIONAL LICENSE TAX

FOR PERIOD OCTOBER 1, 1998 THRU SEPTEMBER 30, 1999

RENEW ON OR BEFORE
SEPTEMBER 30, 1998

FORM NO.
401-280/AC 25-061

RENEWAL TRANSFER SEC. # 32 / 329
 NEW DATE BUSINESS OPENED 08/00/84

STATE OR COUNTY CERT/REG # _____
Business Location Address:
8288 SUNSET STRIP
CITY OF SUNRISE 33322-0000
BUSINESS PHONE: (954)741-2150

TAX
BACK TAX
PENALTY
T. C. FEE
TRANSFER 3.30
TOTAL 3.30

PENALTIES IF PAID
OCT. - 10% NOV. - 15%
DEC. - 20% After DEC. 31 - 25%
* Plus Tax Collection Fee of up to \$25.00
Based on Cost of License if Paid
On or After November 30, 1998

ACCOUNT NUMBER
329-0017217

SUNSET CLEANERS
SHAMIN KHAN
8288 SUNSET STRIP
SUNRISE FL

33322-0000

THIS LICENSE MUST BE CONSPICUOUSLY DISPLAYED
TO PUBLIC VIEW AT THE LOCATION ADDRESS ABOVE.

SHAMIN KHAN
Shamin Khan



TYPE OF LICENSE TAX PAID
L DRY CLEANERS
5 UNITS

1998 - 1999

*SEE BACK FOR TRANSFER INFORMATION PAYMENT RECEIVED AS VALIDATED ABOVE

00 9003 00 0 9000 300 00000 32900 7217 1001 6

RETURN ALL COPIES

DO NOT DETACH

1208107.0002 of 0004
Date 9/11/98
Paid 3.30
Oper TSH T111 12A

TSH FROM 329-8916

Board of County Commissioners, Broward County Florida
BROWARD COUNTY OCCUPATIONAL LICENSE TAX

FOR PERIOD OCTOBER 1, 1998 THRU SEPTEMBER 30, 1999

RENEW ON OR BEFORE
SEPTEMBER 30, 1998

FORM NO.
401-280/AC 25-061

RENEWAL TRANSFER SEC. # 32 / 329
 NEW DATE BUSINESS OPENED 10/01/91

STATE OR COUNTY CERT/REG # _____
Business Location Address:
8288 SUNSET STRIP
CITY OF SUNRISE 33322-0000
BUSINESS PHONE: (954)741-2150

TAX
BACK TAX
PENALTY
T. C. FEE
TRANSFER 3.30
TOTAL 3.30

PENALTIES IF PAID
OCT. - 10% NOV. - 15%
DEC. - 20% After DEC. 31 - 25%
* Plus Tax Collection Fee of up to \$25.00
Based on Cost of License if Paid
On or After November 30, 1998

ACCOUNT NUMBER
329-0017218

SUNSET CLEANERS
SHAMIN KHAN
8288 SUNSET STRIP
SUNRISE FL

33322-0000

THIS LICENSE MUST BE CONSPICUOUSLY DISPLAYED
TO PUBLIC VIEW AT THE LOCATION ADDRESS ABOVE.

SHAMIN KHAN
Shamin Khan



TYPE OF LICENSE TAX PAID
L ALTERATIONS
1 UNIT

1998 - 1999

*SEE BACK FOR TRANSFER INFORMATION PAYMENT RECEIVED AS VALIDATED ABOVE

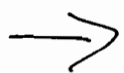
000 0037 0 00 0003 30 0 0000 2900 7218 1001

RETURN ALL COPIES

DO NOT DETACH

REVENUE COLLECTION DIVISION
BROWARD COUNTY, FLORIDA
1208107.0003 of 0004
Date 9/11/98
Paid 3.30
Oper TSH T111 12A

old NAME



MA + PA Cleaners
8288 SUNSET STRIP
SUNRISE, FL 33322 OCCUPATIONAL LICENSE

CITY OF SUNRISE
3801 N. UNIVERSITY DRIVE, #401
SUNRISE, FL 33351
(954) 572-2352

Ph - (954) - 922 - 2435

Facility Identification Number 069501043
Taxpayer Identification Number - 160027347449/4

Business name : SUNSET CLEANER
Location addr : 8288 SUNSET STRIP

Lic. No. class : 99 01737 DRY CLEANING PLANT
Issue date : 9/17/98 Expiration date : 9/30/99

Lic Fee : 180.60
Del Fee : .00
Adm Fee : 50.00
File Insp. : 81.50
Penalty : .00
Total : 312.10

Comments : ADD'L LICENSE TAILOR/REPAIRS

10/16/98

Mr. Logan

I Am cleaning at my father
plant (Dryclean U.S.A), until I pick up
in volume

Thank you,

Jed [Signature]

**TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST**

✓ **TYPE OF INSPECTION:** ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#: <u>0112424</u>	DATE: <u>11/22/00</u>	TIME IN: <u>11:30</u>	TIME OUT: <u>11:45</u>
FACILITY NAME: <u>Sunset Cleaner</u>			
FACILITY LOCATION: <u>8288 Sunset Strip</u> <u>Surprise, FL 33322</u>			
RESPONSIBLE OFFICIAL: <u>Jalal Khan</u>		PHONE: <u>742-1910</u>	
CONTACT NAME: <u>Jalal Khan</u>		PHONE: _____	

RECEIVED
 DEC 1 19 2000
 Bureau of Air Monitoring
 & Mobile Sources

PART I: NOTIFICATION

(check appropriate box)

- 1. New facility notified DARM 30 days prior to startup
- 2. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

Facility indicated on notification form that it is:
(check appropriate box)

- No notification form
- Drop store/out of business/petroleum

A.

- | | |
|--|---|
| <p>1. Existing small area source <input type="checkbox"/>
 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)</p> <p>3. Existing large area source <input type="checkbox"/>
 dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
 transfer only, $200 \leq x \leq 1,800$ gal/yr
 both types, $140 \leq x \leq 1,800$ gal/yr
 (constructed before 12/9/91)</p> | <p>2. New small area source <input checked="" type="checkbox"/>
 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)</p> <p>4. New large area source <input type="checkbox"/>
 dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
 transfer only, $200 \leq x \leq 1,800$ gal/yr
 both types, $140 \leq x \leq 1,800$ gal/yr
 (constructed on or after 12/9/91)</p> |
|--|---|
5. This is a correct facility classification Y N Can not determine

If no, please check the appropriate classification:

- facility qualified for a general permit as number _____ above
- facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 40 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

BEST AVAILABLE COPY

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

- 1. Storing perchloroethylene in tightly sealed and impervious containers? Y N N/A
- 2. Examining the containers for leakage? Y N N/A
- 3. Closing and securing machine doors except during loading/unloading? Y N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? Y N N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been installed prior to September 22, 1993*

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

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? Y N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? Y N N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Y N N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? Y N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? Y N N/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? Y N

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? Y N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Y N N/A
Is the temperature differential equal to or greater than 20° F? Y N N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Y N N/A
Is the perc concentration equal to or less than 100 ppm? Y N N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? Y N N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? Y N N/A
6. Routed airflow to the carbon adsorber (if used) at all times? Y N N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly total of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
 - a. documentation of leaks repaired w/in 24 hrs? or; Y N N/A
 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N N/A
4. Maintained calibration data? (for applicable direct reading instruments) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N N/A
Problem corrected? Y N N/A
8. Maintained compliance plan, if applicable? Y N N/A

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N

2. Has the facility maintained a leak log? Y N

3. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Muck cookers	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Door gaskets and seating	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Stills	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Filter gaskets and seating	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Exhaust dampers	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Pumps	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Diverter valves	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Solvent tanks and containers	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Cartridge filter housings	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Water separators	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		

4. Which method of detection is used by the responsible official?

Visual examination (condensed solvent on 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 perc vapor concentrations in a range of 0-500 ppm? Y N

b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N

c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N

d. Kept in a clean and secure area when not in use? Y N

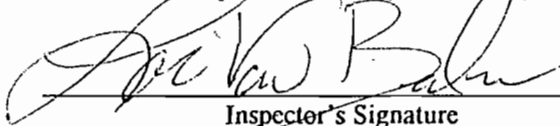
e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

Lor. Van Borden

Inspector's Name (Please Print)

11/28/00

Date of Inspection



Inspector's Signature

11/28/01

Approximate Date of Next Inspection

**DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM**

*File **

FACILITY NAME: Sunset Cleaner DATE: 11/27/00
 FACILITY LOCATION: 8288 Sunset Strip
Sunrise, FL 33322

Annual Reporting Period: November 1999 TO November 20 00

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

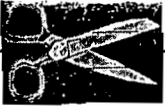
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: Shamin Khan Shamin 11/28/00
 Name (Please Print) Signature Date

*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) _____ B. Date of Delivery 2-9-92
1. Article Addressed to: AIRS ID # 0112224 BEST WAY DRY CLEANERS MATTIE CONYER 425 S STATE ROAD 7 HOLLYWOOD FL 33023	C. Signature <i>Mattie Conyer</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number (Copy from service label) 7000 0600 0026 4128 8543	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. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789	

U.S. Postal Service CERTIFIED MAIL RECEIPT <i>(Domestic Mail Only - No Insurance Coverage Provided)</i>																							
7000 0600 0026 4128 8543	<table border="1"> <tr> <td>Postage \$</td> <td></td> <td rowspan="4" style="text-align: center; vertical-align: middle;">Postmark Here</td> </tr> <tr> <td>Certified Fee</td> <td></td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Restricted Delivery Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Total</td> <td></td> <td></td> </tr> </table> <p style="text-align: center;">AIRS ID # 0112224</p> <table border="1"> <tr> <td>Recip</td> <td>BEST WAY DRY CLEANERS</td> </tr> <tr> <td>Street</td> <td>MATTIE CONYER</td> </tr> <tr> <td></td> <td>425 S STATE ROAD 7</td> </tr> <tr> <td>City, St</td> <td>HOLLYWOOD FL</td> </tr> <tr> <td></td> <td>33023</td> </tr> </table> <p style="text-align: right;"><small>Instructions</small></p>	Postage \$		Postmark Here	Certified Fee		Return Receipt Fee (Endorsement Required)		Restricted Delivery Fee (Endorsement Required)		Total			Recip	BEST WAY DRY CLEANERS	Street	MATTIE CONYER		425 S STATE ROAD 7	City, St	HOLLYWOOD FL		33023
Postage \$		Postmark Here																					
Certified Fee																							
Return Receipt Fee (Endorsement Required)																							
Restricted Delivery Fee (Endorsement Required)																							
Total																							
Recip	BEST WAY DRY CLEANERS																						
Street	MATTIE CONYER																						
	425 S STATE ROAD 7																						
City, St	HOLLYWOOD FL																						
	33023																						



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

414300 FEB 19 2002

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

TOTAL AMOUNT DUE: \$50.00



Do **NOT** Remove Label

AIRS ID# 0112424
 SUNSET CLEANERS
 JALEEL KHAN
 8288 SUNSET STRIP
 SUNRISE FL
 33322

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

402291

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

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID # 0112424
 SUNSET CLEANERS
 JALEEL KHAN
 8288 SUNSET STRIP
 SUNRISE FL 33322

Handwritten signature

Bureau of Air Monitoring
& Mobile Sources

JAN 11 2000

RECEIVED
MAIL ROOM

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly)	B. Date of Delivery
1. Article Addressed to: <p style="text-align: center;">AIRS ID # 0112424</p> SUNSET CLEANERS JALEEL KHAN 8288 SUNSET STRIP SUNRISE FL 33322	C. Signature	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
2. Article Number (Copy from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
70000520002093730190	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.	
PS Form 3811, July 1999	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)										
0610 E4E6 0200 0250 0002	<table border="1"> <tr><td>Postage</td><td>\$</td></tr> <tr><td>Certified Fee</td><td></td></tr> <tr><td>Return Receipt Fee (Endorsement Required)</td><td></td></tr> <tr><td>Restricted Delivery Fee (Endorsement Required)</td><td></td></tr> </table>	Postage	\$	Certified Fee		Return Receipt Fee (Endorsement Required)		Restricted Delivery Fee (Endorsement Required)		Postmark Here
Postage	\$									
Certified Fee										
Return Receipt Fee (Endorsement Required)										
Restricted Delivery Fee (Endorsement Required)										
AIRS ID # 0112424										
R. SUNSET CLEANERS JALEEL KHAN Si 8288 SUNSET STRIP SUNRISE FL Ci 33322	(v mailer) _____ _____									
PS Form 3800, February 2000 See Reverse for Instructions										

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

458788 FEB 9 2006

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

112424 10
SUNSET CLEANERS
8288 Sunset Strip
SUNRISE, FL 33322

Bureau of Air Monitoring
& Mobile Sources

FEB 9 3 2006

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.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

446251 FEB 14 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# 112424 1stC
SUNSET CLEANERS
8288 Sunset Strip
SUNRISE, FL 33322

Bureau of Air Monitoring
& Mobile Sources

FEB 16 2005

RECEIVED

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

Printed on recycled paper.

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# 112424 1stC
SUNSET CLEANERS
8288 Sunset Strip
SUNRISE, FL 33322.

2. Article Number
(Transfer from service label)

7003 0500 0004 0144 7665

COMPLETE THIS SECTION ON DÉLIVERY

A. Signature Agent
X. [Signature] Addressee

B. Received by (Printed Name) C. Date of Delivery
SUNSET CLEANERS 2/7/05

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

AIRS ID# 112424 1stC
 SUNSET CLEANERS
 8288 Sunset Strip
 SUNRISE, FL 33322

PS Form 3800, June 2002 See Reverse for Instructions

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

RECEIVED
 FEB 16 2005

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

6954 9552 7556 4569
 7001 1140 0001 7000 04TT 7001

OFFICIAL USE

Postage	\$	3/20/04 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Total P_c AIRS ID # 112424

Sent To SUNSET CLEANERS
 JALEEL KHAN
 Street, A or PO Bc 8288 SUNSET STRIP
 City, Stat SUNRISE, FL 33322

PS Form 3800, January 2001 See Reverse for Instructions

STATES POSTAL SERVICE

LAUDERDALE FL 33309 PM

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

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

Bureau of Air Monitoring
 & Mobile Sources

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

APR 5 2004

RECEIVED

01

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

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 # 112424
 SUNSET CLEANERS
 JALEEL KHAN
 3288 SUNSET STRIP
 SUNRISE, FL 33322

2. Article Number (Tra) 7001 1140 0001 7556 4569

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

x *Jaleel Khan*

B. Received by (Printed Name)

C. Date of Delivery
 4-3-04

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

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID # 112424

JALEEL KHAN
 SUNSET CLEANERS
 8288 SUNSET STRIP
 SUNRISE, FL 33322

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
x Jaleel Khan

B. Received by (Printed Name) C. Date of Delivery
Shamun Khan 3/6/04

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

7003 0500 0004 0144 7900

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

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	\$	2nd CT Postmark Here 2003
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

AIRS ID # 112424

Total Post: JALEEL KHAN
 Sent To: SUNSET CLEANERS
 8288 SUNSET STRIP
 SUNRISE, FL 33322

Street, Apt. 1 or PO Box #
 City, State, .

PS Form 3800, June 2002 See Reverse for Instructions

7003 0500 0004 0144 7900



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING


437923 MAR30 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

112424 JALEEL KHAN SUNSET CLEANERS 8288 SUNSET STRIP SUNRISE FL 33322


 Bureau of Air Monitoring & Mobile Sources
RECEIVED
 APR 2 2004
 FOR GOVERNMENT USE ONLY
 Org.: 37550101000 EO: A1
 Fund: 20-2-035001
 Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

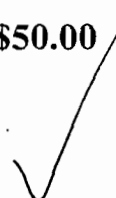
442117 NOV 12 2004

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

AIRS ID # 112424 JALEEL KHAN SUNSET CLEANERS 8288 SUNSET STRIP SUNRISE, FL. 33322


RECEIVED
 NOV 4 2004
 Bureau of Air Monitoring & Mobile Sources
 FOR GOVERNMENT USE ONLY
 Org.: 37550101000 EO: A1
 Fund: 20-2-035001
 Obj.: 002273

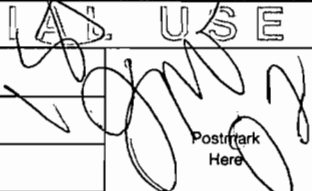
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

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. 	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">A. Received by (Please Print Clearly)</td> <td style="width: 50%;">B. Date of Delivery</td> </tr> <tr> <td colspan="2" style="text-align: center;">Jaleel Khan 2/8</td> </tr> <tr> <td colspan="2">C. Signature</td> </tr> <tr> <td colspan="2" style="text-align: center;">X <i>Jaleel Khan</i></td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </td> </tr> <tr> <td colspan="2">D. Is delivery address different from item 1? <input type="checkbox"/> Yes</td> </tr> <tr> <td colspan="2">If YES, enter delivery address below: <input type="checkbox"/> No</td> </tr> </table>	A. Received by (Please Print Clearly)	B. Date of Delivery	Jaleel Khan 2/8		C. Signature		X <i>Jaleel Khan</i>		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee		D. Is delivery address different from item 1? <input type="checkbox"/> Yes		If YES, enter delivery address below: <input type="checkbox"/> No	
A. Received by (Please Print Clearly)	B. Date of Delivery														
Jaleel Khan 2/8															
C. Signature															
X <i>Jaleel Khan</i>															
<input type="checkbox"/> Agent <input type="checkbox"/> Addressee															
D. Is delivery address different from item 1? <input type="checkbox"/> Yes															
If YES, enter delivery address below: <input type="checkbox"/> No															
1. Article Addressed to: <div style="text-align: right; margin-right: 100px;">AIRS ID#0112424</div> <p>SUNSET CLEANERS JALEEL KHAN 8288 SUNSET STRIP SUNRISE FL 33322</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.														
2. Article Number (Copy from _____) <div style="text-align: center; font-size: large;">7001 0320 0001 7976 7383</div>															
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes															

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)																
OFFICIAL USE																
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Postage</td> <td style="width: 10%;">\$</td> <td style="width: 60%;"></td> </tr> <tr> <td>Certified Fee</td> <td></td> <td></td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> <td></td> <td></td> </tr> <tr> <td>Restricted Delivery Fee (Endorsement Required)</td> <td></td> <td></td> </tr> <tr> <td colspan="2">Total Paid</td> <td></td> </tr> </table>	Postage	\$		Certified Fee			Return Receipt Fee (Endorsement Required)			Restricted Delivery Fee (Endorsement Required)			Total Paid			<div style="text-align: center; font-size: 2em; font-family: cursive;">  </div> <p style="text-align: center;">AIRS ID#0112424</p>
Postage	\$															
Certified Fee																
Return Receipt Fee (Endorsement Required)																
Restricted Delivery Fee (Endorsement Required)																
Total Paid																
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; font-size: small;">Sent To</td> <td>SUNSET CLEANERS</td> </tr> <tr> <td style="font-size: small;">Street, A or PO Box</td> <td>JALEEL KHAN 8288 SUNSET STRIP</td> </tr> <tr> <td style="font-size: small;">City, State</td> <td>SUNRISE FL 33322</td> </tr> </table>	Sent To	SUNSET CLEANERS	Street, A or PO Box	JALEEL KHAN 8288 SUNSET STRIP	City, State	SUNRISE FL 33322										
Sent To	SUNSET CLEANERS															
Street, A or PO Box	JALEEL KHAN 8288 SUNSET STRIP															
City, State	SUNRISE FL 33322															
PS Form	Instructions															

7001 0320 0001 7976 7383

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

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. 	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">A. Received by (Please Print Clearly) <i>[Signature]</i></td> <td style="width: 50%; border-bottom: 1px solid black;">B. Date of Delivery <i>9/14/07</i></td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">C. Signature <i>[Signature]</i></td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;"> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No </td> </tr> </table>	A. Received by (Please Print Clearly) <i>[Signature]</i>	B. Date of Delivery <i>9/14/07</i>	C. Signature <i>[Signature]</i>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
A. Received by (Please Print Clearly) <i>[Signature]</i>	B. Date of Delivery <i>9/14/07</i>						
C. Signature <i>[Signature]</i>							
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No							
1. Article Addressed to: TO: 0112424001AG SUNSET CLEANERS JALEEL KHAN 8288.SUNSET STRIP SUNRISE, FL 33322	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.						
2. Article Number (Transfer from <u>7003 0500 0004 0144 4220</u>)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes						

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

7003 0500 0004 0144 4220	U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>
	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) _____	<div style="text-align: right; font-size: 1.5em; font-weight: bold;"> <i>Received 9/14/07 Jaleel Khan</i> </div> <div style="text-align: center; font-size: small;"> Postmark (Here) </div>
Total Paid To Sent To Street, Apt or PO Box City, State	TO: 0112424001AG SUNSET CLEANERS JALEEL KHAN 8288 SUNSET STRIP SUNRISE, FL 33322
PS Form 3800, June 2002	See Reverse for Instructions

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

426411 MAR242003

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

SUNSET CLEANERS
JALEEL KHAN
8288 SUNSET STRIP
SUNRISE FL
33322

AIRS ID#0112424

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

Bureau of Air Monitoring
& Mobile Sources

MAR 26 2003

RECEIVED

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0390745

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

SUNSET CLEANERS
JALEEL KHAN
8288 SUNSET STRIP
SUNRISE FL 33322

AIRS ID # 0112424

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

RECEIVED
MAIL ROOM
JAN - 7 00

(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0353869

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
MAIL ROOM

DEC 10 98

Do NOT Remove Label

SUNSET CLEANERS
JALEEL KHAN
8288 SUNSET STRIP
SUNRISE FL 33322

AIRS ID # 0112424

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

Bureau of Air Monitoring
& Mobile Sources

DEC 14 1998

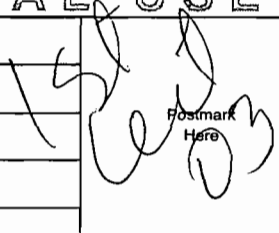
RECEIVED

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. Signature <i>Jaleel Khan</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Khan</i> C. Date of Delivery <i>2/6/04</i></p>
<p>1. Article Addressed to:</p> <p>ID# 112424 JALEEL KHAN SUNSET CLEANERS 8288 SUNSET STRIP SUNRISE, FL 33322</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</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>
<p>2. Article Number (Transfer from service label)</p>	<p>7003 2260 0003 5650 8663</p>

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

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) _____	Postmark Here 
Total Postage \$ _____	ID# 112424
Sent To Street, Ap or PO Box City, State	JALEEL KHAN SUNSET CLEANERS 8288 SUNSET STRIP SUNRISE, FL 33322
PS Form 3811	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. 	A. Received by (Please Print Clearly) <i>Shamir Chen</i>	B. Date of Delivery <i>3/8</i>
1. Article Addressed to: <div style="text-align: right;">AIRS ID#0112424</div> SUNSET CLEANERS JALEEL KHAN 8288 SUNSET STRIP SUNRISE FL 33322	C. Signature <i>X J Khan</i> <div style="float: right;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div>	
2. Article Number <i>(Transfer from service label)</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
7001 0320 0001 7976 2951	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.	
PS Form 3811, March 2001	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Domestic Return Receipt 102595-01-M-1424		

U.S. Postal Service CERTIFIED MAIL RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
OFFICIAL USE	
Postage \$ _____ Certified Fee _____ Return Receipt Fee (Endorsement Required) _____ Restricted Delivery Fee (Endorsement Required) _____ Total Postage & Fees _____	Postmark Here AIRS ID#0112424
Sent To SUNSET CLEANERS JALEEL KHAN Street, Apt. No., or PO Box No. 8288 SUNSET STRIP City, State, ZIP+4 SUNRISE FL 33322	
PS Form 3800, Jan	