

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

September 26, 2000

Mr. Stanley Pavey
Professional Cleaners
1095 Bald Eagle Drive, Unit 3
Marco Island, Florida 34145

Re: Facility No.: 0210091-001

Dear Mr. Pavey:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 24, 2000.

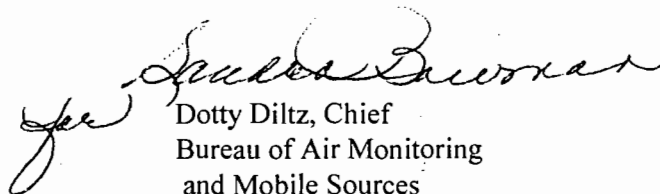
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"More Protection, Less Process"

Printed on recycled paper.

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
AUG 24 2000

Part III. Notification of Intent to Use General Permit

Bureau of Air Monitoring
& Mobile Sources

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):
<i>AM & JP INC.</i>
2. Site Name (For example, plant name or number):
<i>PROFESSIONAL CLEANERS</i>
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: City: <i>1095 BALD EAGLE DR UNIT 3</i> County: <i>Collier</i> Zip Code: <i>34145</i> <i>MARCO ISLAND</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in):
<i>0210091-001</i>

Responsible Official

6. Name and Title of Responsible Official: Name: <i>STANLEY PAUEY</i> Title: <i>PRESIDENT</i>
7. Responsible Official Mailing Address: Organization/Firm: Street Address: <i>1095 BALD EAGLE DR UNIT 3</i> City: <i>MARCO ISLAND</i> County: <i>Collier</i> Zip Code: <i>34145</i>
8. Responsible Official Telephone Number: Telephone: <i>(941) 394-4579</i> Fax: <i>(941) 394-4579</i>

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
10. Facility Contact Address: Street Address: City: County: Zip Code:
11. Facility Contact Telephone Number: Telephone: () - Fax: () -

Facility Information

1.(a) DRY-TO-DRY MACHINES ONLY

How many dry-to-dry machines do you have on-site? [1]

For each dry-to-dry machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
11-93	Existing <input checked="" type="radio"/> New <input type="radio"/>	<input checked="" type="radio"/> RC <input type="radio"/> CA <input type="radio"/> None required	SAME
_____	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?

[104.5] 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".)

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

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site (see attached memo for the criteria).

All steam and hot water generating units exempt OR
No such units on-site

How many boilers do you have on-site?

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.

S. PAURY
Print name of responsible official

[Signature]
Signature

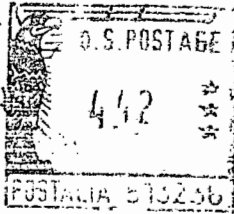
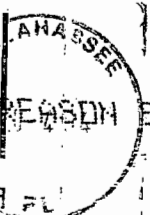
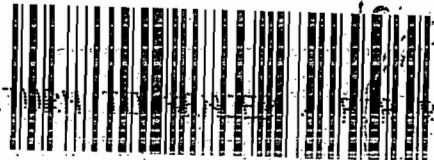
8-14-00
Date

MS# 5510

MC Acct # 5521

CERTIFIED MAIL

Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee FL 32399-2400



RECEIVED



7003 2260 0003 5651 1649 FL
DECEASED

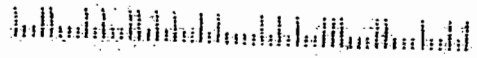
FEB 24 2004

Bureau of Air Monitoring
& Mobile Sources

ID# 210091
STANLEY PAVEY
PROFESSIONAL CLEANERS
1095 BALD EAGLE DRIVE UNIT 3
MARCO ISLAND, FL 34145

ATTN: DEL
DECEASED
4518 (R)
2-6-04

34145+2193 1 2400



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

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 <input checked="" type="checkbox"/> <input type="checkbox"/> Agent</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p>	<p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>ID# 210091 STANLEY PAVEY PROFESSIONAL CLEANERS 1095 BALD EAGLE DRIVE UNIT 3 MARGO ISLAND, FL 34145</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>2. Article Number (Transfer from service label)</p>	<p>3. Service type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>PS Form 3811, August 2001</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p style="text-align: center; font-size: 1.2em;">7003 2260 0003 5651 1649</p> <p style="text-align: right; font-size: 0.8em;">102595-02-M-1540</p>

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

6491 1595 E000 0922 E002

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

1595
cert
Postmark Here

To ID# 210091

Sen. STANLEY PAVEY
PROFESSIONAL CLEANERS
1095 BALD EAGLE DRIVE UNIT 3
MARCO ISLAND, FL 34145

PS Form 3800, June 2002

See Reverse for Instructions

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.

438430 APR 15 2004

RECEIVED
APR 21 2004
Bureau of Air Monitoring
& Mobile Sources

TOTAL AMOUNT DUE: \$75.00

Do NOT Remove Label

AIRS ID # 210091
PROFESSIONAL CLEANERS
STANLEY PAVEY
1095 BALD EAGLE DRIVE UNIT 3
MARCO ISLAND, FL 34145

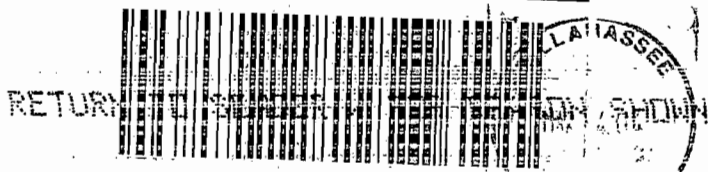
FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: B1
FUND: 20-2-035001
OBJECT: 002273

Printed on recycled paper.

MS# 5510 MC Acct # 5521

Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee FL 32399-2400

CERTIFIED MAIL



RETURN TO SENDER

7003 0500 0004 0144 7764



Bureau of Air Mail Collection
& Mailing Service
MAR 23 2004

RECEIVED

AIRSID # 210091
STANLEY PAVEY
PROFESSIONAL CLEANERS
1095 BALD EAGLE DRIVE UNIT 3
MARGO ISLAND FL 34145

ATTN: DEL
UNK (R)
3-9-04

POSTED
TALLAHASSEE FL 32399-2400
MAR 23 2004



BEST AVAILABLE COPY

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.
- 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 mail piece, or on the front if space permits.

1. Article Addressed to:

ATRS ID # 210091

STANLEY PAVEY
PROFESSIONAL CLEANERS
1095 BALD EAGLE DRIVE UNIT 3
MARCO ISLAND, FL 34145

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

B. Received by (*Printed Name*)

C. Date of Delivery

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery (Extra Fee)

Yes

2

7003 0500 0004 0144 7764

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)	

2nd Cx
Postmark Here
2003

Total Posts AIRS ID # 210091

Sent To STANLEY PAVEY
PROFESSIONAL CLEANERS
1095 BALD EAGLE DRIVE UNIT 3
MARCO ISLAND, FL 34145

Street, Apt. 1
or PO Box N
City, State, ZIP

7003 0500 0004 0144 7764

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

7001 1140 0001 7556 4408

OFFICIAL USE

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

Handwritten: 2/15/01
 Postmark Here

Total 1 AIRS ID # 210091
 Sent To PROFESSIONAL CLEANERS
 STANLEY PAVEY
 Street, or PO # 1095 BALD EAGLE DRIVE UNIT 3
 City, St. MARCO ISLAND, FL 34145

PS Form 3800, January 2001

See Reverse for Instructions

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.
- 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 # 210091
 PROFESSIONAL CLEANERS
 STANLEY PAVEY
 1095 BALD EAGLE DRIVE UNIT 3
 MARCO ISLAND, FL 34145

COMPLETE THIS SECTION ON DELIVERY

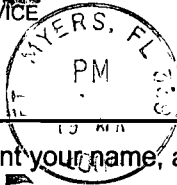
A. Signature *Wal Curry* Agent Addressee
 B. Received by (Printed Name) *Curry* C. Date of Delivery *4-15-04*
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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 (Trans) 7001 1140 0001 7556 4408

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 •

DARWIN MOBILE SOURCE CONTROL PROC.
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2406

Bureau of
& Mobile Source
Air Monitoring

APR 21 2004

RECEIVED



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

421084 DEC26 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#0210091
PROFESSIONAL CLEANERS STANLEY PAVEY 1095 BALD EAGLE DRIVE UNIT 3 MARCO ISLAND FL 34145

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035000
Obj.: 002273

RECEIVED
 JAN 03 2003
 Bureau of ...
 & Mobile ...

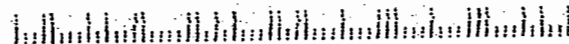
571 Elkam Circle
Marco Island, FL 34145

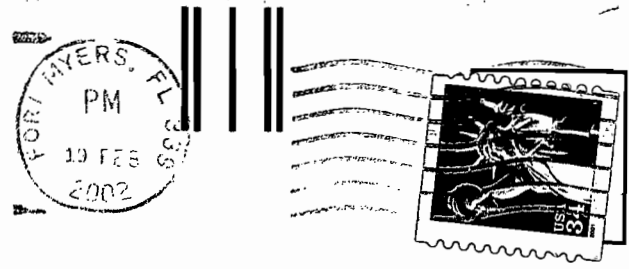


Title V Air General Permits
Receipts

P.O. Box 3070
Tallahassee, FL 32315-3070

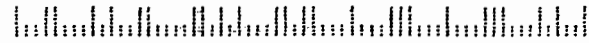
32315+3070





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

32315+3070 99



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

414350 FEB21 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

Refund # 8232

*Refund
Payment made
2/6/02*

Bureau of Air
& Mobile
Services
Georgia

RECEIVED
FEB 22 2002

Do **NOT** Remove Label

AIRS ID # 0210091
PROFESSIONAL CLEANERS
STANLEY PAVEY
1095 BALD EAGLE DRIVE UNIT 3
MARCO ISLAND FL
34145

FOR GOVERNMENT USE ONLY
Org.: 375501000
Fund: 20-2-035001
Obj.: 002273

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

7000 0520 0020 9373 0404

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

Postmark
Here

AIRS ID # 0210091

PROFESSIONAL CLEANERS
 STANLEY PAVEY
 1095 BALD EAGLE DRIVE UNIT 3
 MARCO ISLAND FL
 34145

(by mailer)

PS Form 3800, February 2000 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE

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 # 0210091
 PROFESSIONAL CLEANERS
 STANLEY PAVEY
 1095 BALD EAGLE DRIVE UNIT 3
 MARCO ISLAND FL
 34145

2. Article Number (Copy from service label)
 70000520002093730404

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *[Signature]* B. Date of Delivery 2-12-02

C. Signature **X** PAVEY Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

UNITED STATES POSTAL SERVICE



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

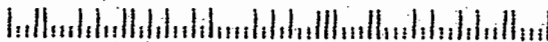
• Sender: Please print your name, address, and ZIP+4 in this box •

DARMMOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 0510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

RECEIVED
FEB 16 9

0042+EE





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

413871 FEB 7 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

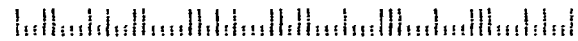
AIRS ID # 0210091
PROFESSIONAL CLEANERS
STANLEY PAVEY
1095 BALD EAGLE DRIVE UNIT 3
MARCO ISLAND FL
34145

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



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

32315X3070





(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

407020 MAR 8 2001

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 # 0210091
PROFESSIONAL CLEANERS STANLEY PAVEY 1095 BALD EAGLE DRIVE UNIT 3 MARCO ISLAND FL 34145

Bureau of Air Monitoring
& Mobile Sources

MAR - 9 2001

RECEIVED

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

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

SENDER: CC **ION 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 border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">A. Received by (Please Print Clearly) andreas</td> <td style="width: 50%;">B. Date of Delivery 2-10-01</td> </tr> <tr> <td colspan="2">C. Signature X </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 If YES, enter delivery address below: <input type="checkbox"/> No </td> </tr> </table>	A. Received by (Please Print Clearly) andreas	B. Date of Delivery 2-10-01	C. Signature X		<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) andreas	B. Date of Delivery 2-10-01								
C. Signature X									
<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: <p style="text-align: right;">AIRS ID # 0210091</p> PROFESSIONAL CLEANERS STANLEY PAVEY 1095 BALD EAGLE DRIVE UNIT 3 MARCO ISLAND FL 34145	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 service label) <p style="text-align: center; font-size: 1.2em;">7000 0600 0026 4126 6350</p>	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)

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Postage</td> <td style="width: 50%;">\$</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 # 0210091

**PROFESSIONAL CLEANERS
STANLEY PAVEY
1095 BALD EAGLE DRIVE UNIT 3
MARCO ISLAND FL 34145**

PS Form 3800, February 2000 See Reverse for Instructions

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

<p>SEN</p> <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID # 0210091</p> <p>PROFESSIONAL CLEANERS STANLEY PAVEY 1095 BALD EAGLE DRIVE UNIT 3 MARCO ISLAND FL 34145</p>	<p style="text-align: center;">THIS SECTION ON DELIVERY</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">A. Received by (Please Print Clearly) <i>R Rodriguez</i></td> <td style="width: 50%;">B. Date of Delivery <i>3/5/01</i></td> </tr> <tr> <td colspan="2">C. Signature <i>X R Rodriguez</i></td> </tr> <tr> <td colspan="2" style="text-align: right;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </td> </tr> <tr> <td colspan="2">D. Is delivery address different from item 1? If YES, enter delivery address below:</td> </tr> <tr> <td colspan="2" style="text-align: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> </table> <p>3. Service Type</p> <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Certified Mail</td> <td><input type="checkbox"/> Express Mail</td> </tr> <tr> <td><input type="checkbox"/> Registered</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td><input type="checkbox"/> C.O.D.</td> </tr> </table> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	A. Received by (Please Print Clearly) <i>R Rodriguez</i>	B. Date of Delivery <i>3/5/01</i>	C. Signature <i>X R Rodriguez</i>		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee		D. Is delivery address different from item 1? If YES, enter delivery address below:		<input type="checkbox"/> Yes <input type="checkbox"/> No		<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.
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<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.																
<p>2. Article Number (Copy from service label) <i>7000 0600 0026 4125 8027</i></p>																	
<p>PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789</p>																	

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
<p>Postage \$</p> <p>Certified Fee</p> <p>Return Receipt Fee (Endorsement Required)</p> <p>Restricted Delivery Fee (Endorsement Required)</p> <p>Total Postage & Fees</p>	<p style="text-align: center;">Postmark Here</p> <p style="text-align: center;">AIRS ID # 0210091</p> <p>PROFESSIONAL CLEANERS STANLEY PAVEY 1095 BALD EAGLE DRIVE UNIT 3 MARCO ISLAND FL 34145</p>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">7000 0600 0026 4125 8027</p>	<p>See for Instructions</p>