

Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

October 29, 2002

Mr. Jesus Guzman  
Imperial Cleaners  
4810 Northwest 7 Street  
Miami, Florida 33126

Re: Facility No.: 0250714-002

Dear Mr. Guzman:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 25, 2002.

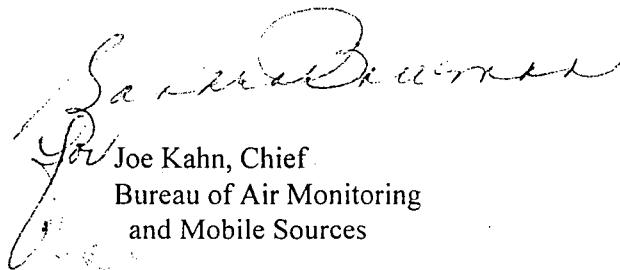
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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



Joe Kahn, Chief  
Bureau of Air Monitoring  
and Mobile Sources

JK/jw

cc: Ms. Mallika Muthiah, Dade County

"More Protection, Less Process"

Printed on recycled paper.

Bureau of Air Monitoring  
& Mobile Sources  
10/17/03 2:02 PM

RECEIVED

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED

SEP 25 2002

Part III. Notification of Intent to Use General Permit  
Air Quality

Management Division

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):<br>Rieguz Group INC. |
| 2. Site Name (For example, plant name or number):<br>Imperial Cleaners                                  |
| 3. Hazardous Waste Generator Identification Number:<br>US EPA ID # 077278760                            |
| 4. Facility Location:<br>Street Address: 4810 NW 7th St<br>City: MIAMI County: Dade Zip Code: 33126     |
| 5. Facility Identification Number (DEP Use ONLY - do not fill in):<br>0250714-002                       |

Responsible Official

|  |
|--|
| 6. Name and Title of Responsible Official:<br>Name: JESUS GUEZMAN / Ricardo Rivera Title: President  |
| 7. Responsible Official Mailing Address:<br>Organization/Firm:<br>Street Address: Same 4810 Northwest 7 Street<br>City: Miami County: DADE Zip Code: 33126 |
| 8. Responsible Official Telephone Number:<br>Telephone: (305) 443-1412 Fax: (305) 443-8027   |

Facility Contact (If different from Responsible Official)

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

**Facility Information**

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

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

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

| Date Initially Purchased From Manufacturer | Status (circle one)   | Control Device Required* (circle one)  | Date Control Device Installed (if already included at time of purchase, write "SAME") |
|--|---|--|---|
| 4-19-93                                    | <input checked="" type="radio"/> Existing <input type="radio"/> New | <input checked="" type="radio"/> RC <input type="radio"/> CA <input type="radio"/> None required | _____   |
| _____                                      | Existing/New  | RC/CA/None required  | _____   |
| _____                                      | Existing/New  | RC/CA/None required  | _____   |

\*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

**1.(b) TRANSFER MACHINES ONLY**

How many washers do you have on-site?

How many dryers/reclaimers do you have on-site?

If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a **NEW** unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information:

| Date Initially Purchased From Manufacturer | Status (circle one) | Control Device Required* (circle one) | Date Control Device Installed (if already included at time of purchase, write "SAME") |
|--|---------------------|---------------------------------------|---|
| _____                                      | Existing/New        | RC/CA/None required                   | _____   |
| _____                                      | Existing/New        | RC/CA/None required                   | _____   |
| _____                                      | Existing/New        | RC/CA/None required                   | _____   |

\*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

gallons (You must fill this in)

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

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

New store:  New machine

Unopened store  (date of expected opening \_\_\_\_\_)

3. What is the facility's source classification based on the definitions found in section (3) of Part II?  
Indicate with an "X". Select one classification only.)

Small Area Source

- Dry-to-dry machines only on-site (used less than 140 gallons of perc per year)
- Transfer only on-site (used less than 200 gallons of perc per year)
- Both machine types on-site (used less than 140 gallons of perc per year)

Large Area Source

- Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year)
- Transfer only on-site (used 200 - 1,800 gallons of perc per year)
- Both machine types on-site (used 140 - 1,800 gallons of perc per year)

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

Existing machines at small area source  
(NONE REQUIRED)

New machines at small area source  
Refrigerated condenser

Existing machines at large area source  
Carbon adsorber   
Refrigerated condenser

New machines at large area source  
Refrigerated condenser

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

All steam and hot water generating units exempt  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.*

*Jesus Guzman* / Vice-President.

Print name of responsible official

Jesus Guzman  
Signature

9-25-02  
Date

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.

450663 APR 8 2005

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

AIRS ID# 250714 1stC  
IMPERIAL CLEANERS  
4810 NW 7th Street  
MIAMI, FL 33126

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

Bureau of Air Navigation  
& Mobile Services

RECEIVED  
APR 12 2005

Printed on recycled paper.

|  |                              |
|--|------------------------------|
| <b>U.S. Postal Service™</b><br><b>CERTIFIED MAIL™ RECEIPT</b><br>(Domestic Mail Only; No Insurance Coverage Provided)            |                              |
| For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>                                     |                              |
| <b>OFFICIAL USE</b>  |                              |
| Postage \$<br>Certified Fee<br>Return Receipt Fee<br>(Endorsement Required)<br>Restricted Delivery Fee<br>(Endorsement Required) | Postmark<br>Here             |
| Total Postage AIRS ID# 250714 3 <sup>rd</sup> Cert04   |                              |
| Sent To IMPERIAL CLEANERS<br>4810 NW 7th Street  |                              |
| Street, Apt. No. or PO Box No. MIAMI, FL 33126   |                              |
| City, State, Zi  |                              |
| PS Form 3800, June 2002  | See Reverse for Instructions |

|   |   |
|---|---|
| <b>SENDER: COMPLETE THIS SECTION</b> <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> | <b>COMPLETE THIS SECTION ON DELIVERY</b>  |
| 1. Article Addressed to:<br><br><div style="border: 1px dashed black; padding: 5px;">           AIRS ID# 250714 3<sup>rd</sup> Cert04<br/>           IMPERIAL CLEANERS<br/>           4810 NW 7th Street<br/>           MIAMI, FL 33126         </div>  | A. Signature<br>X <i>Yadira Gonzalez</i> Agent<br><input checked="" type="checkbox"/> Addressee   |
|   | B. Received by (Printed Name) _____ Date of Delivery: APR 11 - 8 2003   |
|   | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No<br>SPS 33126  |
|   | 3. Service Type<br><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. |
|   | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes  |
| 2. Article Number<br>(Transfer from) 7004 2510 0004 6986 6002   |   |

UNITED STATES POSTAL SERVICE



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

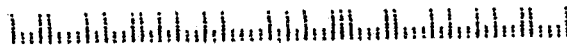
• Sender: Please print your name, address, and ZIP+4 in this box •

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

Bureau of Air Monitoring  
& Mobile Sources

APR 11 2005

RECEIVED





011E 6E6E 2000 0155 4004 7004 2510 0002 3939 3110

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

|   |    |                  |
|---|----|------------------|
| Postage   | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Postage                                     |    |                  |

AIRS ID#0250714.....2<sup>nd</sup> Cert 05

Sent To: IMPERIAL CLEANERS

Street, Apt. or PO Box: 4810 NW 7th Street

City, State: MIAMI, FL 33126

PS Form 3811, February 2004

|   |  |
|---|--|
| <p><b>SENDER: COMPLETE THIS SECTION</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>AIRS ID#0250714.....2<sup>nd</sup> Cert 05<br/> IMPERIAL CLEANERS<br/> 4810 NW 7th Street<br/> MIAMI, FL 33126</p> <p>2. Article Number<br/> <i>(Transfer from service label)</i></p> | <p><b>COMPLETE THIS SECTION ON DELIVERY</b></p> <p>A. Signature<br/> <i>(Signature)</i> <input checked="" type="checkbox"/> Agent<br/> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)<br/> <i>BLANCHARD, L...</i></p> <p>C. Date of Delivery<br/> <i>3/4/05</i></p> <p><input type="checkbox"/> Is delivery address different from item 1? <input type="checkbox"/> Yes<br/> If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type<br/> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br/> <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |
| <p>7004 2510 0002 3939 3110</p>   |  |
| <p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>   |  |

UNITED STATES POSTAL SERVICE



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

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

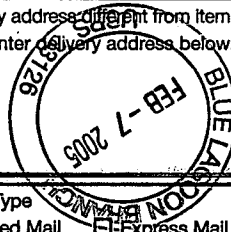
BUR. OF AIR MONITORING & MOBILE SOURCES  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 15510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

DEPT. OF AIR MONITORING  
& MOBILE SOURCES

MAR 17 2005

RECEIVED

|   |                  |
|---|------------------|
| <b>U.S. Postal Service™</b><br><b>CERTIFIED MAIL™ RECEIPT</b><br><i>(Domestic Mail Only; No Insurance Coverage Provided)</i>  |                  |
| For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>  |                  |
| <b>OFFICIAL USE</b>   |                  |
| Postage \$ _____<br>Certified Fee _____<br>Return Receipt Fee<br>(Endorsement Required) _____<br>Restricted Delivery Fee<br>(Endorsement Required) _____<br>Total Postage _____ | Postmark<br>Here |
| Sent To<br>AIRS ID# 250714 1stC<br>IMPERIAL CLEANERS<br>4810 NW 7th Street<br>MIAMI, FL 33126   |                  |
| Street, Apt. 1<br>or PO Box # _____<br>City, State, ZIP+4® _____  |                  |
| PS Form 3811, August 2001   |                  |

|  |   |
|--|---|
| <b>SENDER: COMPLETE THIS SECTION</b>   | <b>COMPLETE THIS SECTION ON DELIVERY</b>  |
| <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> | A. Signature<br><input checked="" type="checkbox"/> <i>[Signature]</i> <div style="float: right;"> <input type="checkbox"/> Agent<br/> <input type="checkbox"/> Addressee         </div>  |
| 1. Article Addressed to:<br><br><div style="border: 1px solid black; padding: 10px; margin: 10px 0;">           AIRS ID# 250714 1stC<br/>           IMPERIAL CLEANERS<br/>           4810 NW 7th Street<br/>           MIAMI, FL 33126         </div>  | B. Received by (Printed Name) _____<br>C. Date of Delivery _____<br><br>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No   |
| 2. Article Number<br><i>(Transfer from service label)</i>  | 3. Service Type<br><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. |
| 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes   | <div style="text-align: center;">  </div>   |
| PS Form 3811, August 2001  | Domestic Return Receipt   |

7004 2510 0002 3938 6815

UNITED STATES POSTAL SERVICE



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

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

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

RECEIVED  
FEB 1 2005  
MAIL STATION 5510  
TALLAHASSEE, FLORIDA 32399-2400

FEB 1 2005

RECEIVED





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

AIRS ID # 250714

JESUS GUZMAN  
IMPERIAL CLEANERS  
4810 NW 7TH STREET  
MIAMI, FL 33126

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

437501 MAR 16 2004  
RECEIVED  
MAR 17 2004  
Bureau of Intelligence  
& Mobile Sources

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

|   |                                 |
|---|---------------------------------|
| Postage \$  | 2nd Cl<br>Postmark Here<br>2003 |
| Certified Fee                                     |                                 |
| Return Receipt Fee<br>(Endorsement Required)      |                                 |
| Restricted Delivery Fee<br>(Endorsement Required) |                                 |

AIRS ID # 250714

**Total Post:** JESUS GUZMAN

**Sent To:** IMPERIAL CLEANERS  
 4810 NW 7TH STREET  
 MIAMI, FL 33126

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

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

AIRS ID # 250714

JESUS GUZMAN  
 IMPERIAL CLEANERS  
 4810 NW 7TH STREET  
 MIAMI, FL 33126

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

*X* *ELLA TAPALES*

B. Received by (Printed Name) C. Date of Delivery

*Ella Tapales* *3/6/04*

D. Is delivery address different from item 1?  Yes  
 No

If YES, enter delivery address below:

MAR 6 2004  
 BLUE LAGOON  
 FL 33133

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

Certified Mail  
 Registered  
 Insured Mail

4. Restricted Delivery? (Extra Fee)  Yes

UNITED STATES POSTAL SERVICE



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

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

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

Director of Air Monitoring  
and Sources

MAR 8 2004

RECEIVED



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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

|   |    |  |
|---|----|--|
| Postage   | \$ |  |
| Certified Fee                                     |    |  |
| Return Receipt Fee<br>(Endorsement Required)      |    |  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |  |

Postmark  
Here

ID# 250714

**JESUS GUZMAN**  
**IMPERIAL CLEANERS**  
**4810 NW 7TH STREET**  
**MIAMI, FL 33126**

PS Form 3800, June 2002 See Reverse for Instructions

| SENDER: COMPLETE THIS SECTION   | COMPLETE THIS SECTION ON DELIVERY   |
|---|---|
| <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> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>ID# 250714<br/> <b>JESUS GUZMAN</b><br/> <b>IMPERIAL CLEANERS</b><br/> <b>4810 NW 7TH STREET</b><br/> <b>MIAMI, FL 33126</b></p> </div> <p>2. Article Number<br/> <i>(Transfer from service label)</i></p> | <p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent<br/><input type="checkbox"/> Addressee</span></p> <p><input checked="" type="checkbox"/> </p> <p>B. Received by <i>(Printed Name)</i> <span style="float: right;">C. Date of Delivery</span></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/> If YES, enter delivery address below. <input type="checkbox"/> No</p> <div style="text-align: center; margin: 10px 0;"> </div> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br/> <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? <i>(Extra Fee)</i> <input type="checkbox"/> Yes</p> |
| <p>7003 2260 0003 5651 1441</p>   |   |



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 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

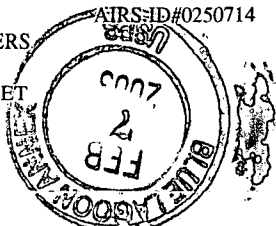
Bureau of Air Monitoring  
& Mobile Sources

FEB 12 2004

RECEIVED



| U.S. Postal Service<br>CERTIFIED MAIL RECEIPT<br>(Domestic Mail Only; No Insurance Coverage Provided)   |          |
|---|----------|
| OFFICIAL USE  |          |
| Postage   | \$ _____ |
| Certified Fee   | _____    |
| Return Receipt Fee<br>(Endorsement Required)  | _____    |
| Restricted Delivery Fee<br>(Endorsement Required)   | _____    |
| Total Postage   | _____    |
| AIRS ID#0250714   |          |
| Sent To <b>IMPERIAL CLEANERS</b><br><b>JESUS GUZMAN</b><br>Street, Apt. No. or PO Box No. <b>4810 NW 7TH STREET</b><br>City, State, Zip <b>MIAMI FL 33126</b> |          |
| PS Form 3800  |          |

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |
|--|---|
| <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> | A. Signature <i>[Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee<br>B. Received by (Printed Name) <i>Casey Sparta</i> C. Date of Delivery <i>2/7/13</i>   |
| 1. Article Addressed to:   | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No   |
| IMPERIAL CLEANERS<br>JESUS GUZMAN<br>4810 NW 7TH STREET<br>MIAMI FL 33126<br>AIRS ID#0250714<br>  | 3. Service Type<br><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. |
| 2. Article Number<br>(Transfer from service label)   | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes  |
| 7001 0320 0001 7975 7957   |   |
| PS Form 3811, August 2001  | Domestic Return Receipt   |
|  | 102595-02-M-1035  |

UNITED STATES POSTAL SERVICE



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

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

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

Bureau of Air Monitoring  
& Mobile Sources

FEB 12 2003

RECEIVED

