

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, 2001

Ms. Dora DeQuesada
Xpress Cleaners
7911 Northwest Second Street
Miami, Florida 33126

Re: Facility No.: 0250716-002

Dear Ms. DeQuesada:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 24, 2001.



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

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office
Bureau of Air Monitoring and Mobile Sources MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the district or local air program compliance inspector in your area.

Sincerely,


 Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Ms. Mallika Muthiah, Dade County

Fees Paid 96-00
SOC 4
Compliance FN

0250716-002

P15

(a) New should be circled under
Status,

P16

4. New machines at small area source
should be marked.

(c) Required for New small sources.
Should be marked.

P17 Responsible official sign and date
for changes made,

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
AUG 24 2001
Bureau of Air Monitoring
& Mobile Source

Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): <p>DORRY CORP.</p>
2. Site Name (For example, plant name or number): <p>X PRESS CLEANERS</p>
3. Hazardous Waste Generator Identification Number: <p>FLD 982/22939</p>
4. Facility Location: Street Address: 7911 N.W. 2ND ST. City: MIAMI County: DADE Zip Code: 33126
5. Facility Identification Number (DEP Use ONLY - do not fill in): <p>0250M16-002</p>

Responsible Official

6. Name and Title of Responsible Official: Name: DORA DE QUESADA Title: PRESIDENT
7. Responsible Official Mailing Address: Organization/Firm: X PRESS CLEANERS Street Address: SAME City: County: Zip Code:
8. Responsible Official Telephone Number: Telephone: (305) 262-9980 Fax: () - (SPANISH ONLY)

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?

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")
3/97	Existing/New	RC/CA/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?

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? 1

For each boiler, indicate its horsepower (HP) rating: 1 0

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.

X DORA QUESADA
Print name of responsible official

X *Dora Quesada*
Signature

X 8-21-01
Date

IMPORTANT

A facility is eligible to operate under a Title V air general permit for no more than five (5) years. Your facility is approaching the end of the five (5) year period for which it was entitled to operate with an air Title V general permit

- If you wish to **continue** your entitlement, please complete the enclosed notification form and return it to the Department of Environmental Protection at the address included with the notification form. A fee is not required with this notification submittal

If you are a new owner, please check this and return this form with your completed notification form.

If you are a **new RO** (Responsible Official), and/or your existing business has **moved** to a new location, please check this box and return this form with your completed notification form.

- If you **do not** wish to continue your **eligibility**, please disregard this notice.

RECEIVED

OCT - 5 2001

Bureau of Air Monitoring
& Mobile Sources

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED

SEP 20 2001

Air Quality
Management Division

Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	DORGY CORP.		
2. Site Name (For example, plant name or number):	XPRESS CLEANERS		
3. Hazardous Waste Generator Identification Number:	FLD 982122939		
4. Facility Location:			
Street Address:	7911 N.W. 2ND ST.		
City:	MIAMI	County:	DADE
		Zip Code:	33126
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0250116-002		

file

Responsible Official

6. Name and Title of Responsible Official:			
Name:	DORA DE QUEVEDA	Title:	PRESIDENT
7. Responsible Official Mailing Address:			
Organization/Firm:	XPRESS CLEANERS		
Street Address:	SAME		
City:		County:	
		Zip Code:	
8. Responsible Official Telephone Number:			
Telephone:	(305) 262-9980	Fax:	()
	(SPANISH ONLY)		

Renewal
Notification

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

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3/97	<u>Existing</u> /New	RC/ <u>CA</u> /None required	SAME
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

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1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site?

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_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

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

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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 checked="" type="checkbox"/> | <u>New machines at small area source</u>
Refrigerated condenser <input 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).

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 No such units on-site

How many boilers do you have on-site?

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

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 No. 2 fuel oil No. 4 fuel oil
 No. 6 fuel oil Other (please list) _____

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I will promptly notify the Department of any changes to the information contained in this notification.

DORA GUESADA

Print name of responsible official

Dora Guesada

Signature

9-11-01

Date

7003 0500 0004 0144 7979

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2003

AIRS ID # 250716

Total Postage \$

Sent To DORA DEQUESADA
XPRESS CLEANERS
7911 NW 2ND STREET

Street, Apt. No.,
or PO Box No. MIAMI, FL 33126

City, State, ZIP+4

7003 2260 0922 E000 1595 1601

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Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Handwritten signature
Postmark Here
03

ID# 250716

DORA DEQUESADA

St	XPRESS CLEANERS	
St	7911 NW 2ND STREET	-----
or	MIAMI, FL 33126	-----
C		

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CERTIFIED MAIL RECEIPT
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7001 0320 0001 7976 1749

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

Postmark
Here

AIRS ID # 0250716

Sen XPRESS CLEANERS
DORA DEQUESADA
Stre or F 7911 NW 2ND STREET
City MIAMI FL
33126

PS

of Instructions

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

7001 1140 0001 7556 4507

OFFICIAL USE

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

Handwritten signature and postmark
 Postmark Here

Sent To AIRS ID # 250716
 XPRESS CLEANERS
 DORA DEQUESADA
 Street, Apt. or PO Box # 7911 NW 2ND STREET
 City, State, ZIP+4 MIAMI, FL 33126

PS Form 3800, January 2001 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:

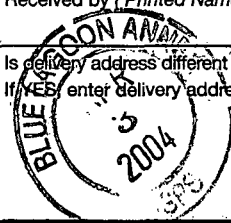
AIRS ID # 250716
 XPRESS CLEANERS
 DORA DEQUESADA
 7911 NW 2ND STREET
 MIAMI, FL 33126

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Dora Dequesada* 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



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

4. Restricted Delivery? (Extra Fee) Yes

7001 1140 0001 7556 4507

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 •

DAPM/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 8 2004

RECEIVED

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
Postage \$	<i>02/23/00</i> Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent XPRESS CLEANERS Street or PO DORA DEQUESADA 7911 NW 2ND STREET City MIAMI FL 33126	
AIRS ID#0250716	
PS Form	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. Signature <i>X Dora Dequesada</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: <div style="text-align: right;">AIRS ID#0250716</div> XPRESS CLEANERS DORA DEQUESADA 7911 NW 2ND STREET MIAMI FL 33126	B. Received by (Printed Name) _____ C. Date of Delivery <i>2/23/00</i> 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 7001 0320 0001 7976 5815 (Transfer from sender's label)	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

UNITED STATES POSTAL SERVICE



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Postage & Fees Paid
USPS
Permit No. G-10

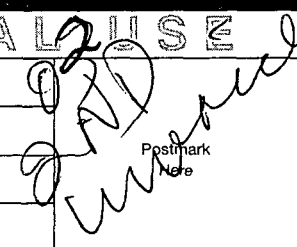
• Sender: Please print your name, address, and ZIP+4 in this box •

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

Bureau of Air Monitoring
& Mobile Sources

APR 15 2003

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OFFICIAL USE	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	AIRS ID#0250716
Sent To	XPRESS CLEANERS
	DORA DEQUESADA
	7911 NW 2ND STREET
Street, Apt. No. or PO Box No.	MIAMI FL
	33126
City, State, Zip	
PS Form 3800, January 2001 See Reverse for Instructions	

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#0250716

XPRESS CLEANERS
DORÁ DEQUESADA
7911 NW 2ND STREET
MIAMI FL
33126

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery

3/8

C. Signature Agent

[Handwritten Signature]

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

7001 0320 0001 7976 4412

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 •

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

Bureau of Air Monitoring
& Mobile Sources

MAR 10 2003

RECEIVED

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

458471 JAN26 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

250716 10
X-PRESS DRY CLEANERS
7911 NW 2nd Street
MIAMI, FL 33126

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

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

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Bureau of Internal Revenue
& Monetary Services

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Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	¢

Postmark
Here

Sent To AIRS ID#0250716.....2nd Cert 05

Street, Apt or PO Box XPRESS CLEANERS

City, State 7911 NW 2nd Street

MIAMI, FL 33126

PS Form

itions

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

449196 MAR16 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#0250716.....2nd Cert 05
XPRESS CLEANERS
7911 NW 2nd Street
MIAMI, FL 33126

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

Bureau of Air Monitoring
& Mobile Sources

MAR 18 2005

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7004 2510 0002 3938 6022

U.S. Postal Service™
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OFFICIAL USE

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Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total		

AIRS ID# 250716 1stC
 XPRESS CLEANERS
 7911 NW 2nd Street
 MIAMI, FL 33126

PS Form 3800, June 2004 PSN 7530-01-000-9000 See reverse for instructions



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

3755

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

417465 JUN14 2002

TOTAL AMOUNT DUE: \$50.00

pd

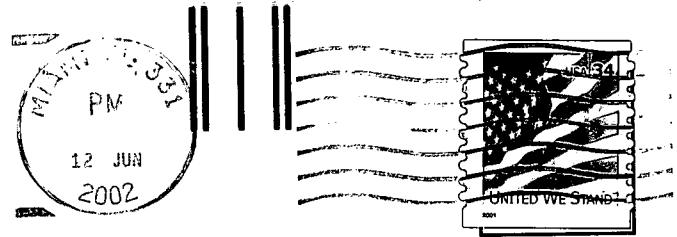
Do **NOT** Remove Label

AIRS ID # 0250716
 XPRESS CLEANERS
 DORA DEQUESADA
 7911 NW 2ND STREET
 MIAMI FL
 33126

RECEIVED
 JUN 18 2002
 Bureau of Air Monitoring
 & Mobile Sources

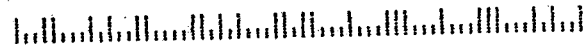
FOR GOVERNMENT USE ONLY
 Org.: 37550101000 EO: A1
 Fund: 20-2-035001
 Obj.: 002273 ✓

XPRESS CLEANERS
7011 N.W. 2 ST.
MIAMI, FL 33126



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

437922 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

250716
DORA DEQUESADA
XPRESS CLEANERS
7911 NW 2ND STREET
MIAMI FL 33126

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035000
Obj.: 00227

APR 1 2004
RECEIVED
Bureau of Air Force & Mobile Services

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%;"> <tr> <td style="width: 50%;">A. Received by (Please Print Clearly)</td> <td style="width: 50%;">B. Date of Delivery 7/16</td> </tr> <tr> <td colspan="2">C. Signature <input checked="" type="checkbox"/> <i>Dora Dequesada</i> <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)	B. Date of Delivery 7/16	C. Signature <input checked="" type="checkbox"/> <i>Dora Dequesada</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	
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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: center;"> AIRS ID # 0250716 XPRESS CLEANERS DORA DEQUESADA 7911 NW 2ND STREET MIAMI FL 33126 </div>	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 # <div style="text-align: center;"> 7001 0320 0001 7975 8633 </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%;"> <tr> <td style="width: 80%;">Postage \$</td> <td style="width: 20%;"></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 AIRS ID # 0250/16		
Postage \$											
Certified Fee											
Return Receipt Fee (Endorsement Required)											
Restricted Delivery Fee (Endorsement Required)											
<table style="width: 100%;"> <tr> <td style="width: 10%;">Total Postage</td> <td>XPRESS CLEANERS</td> </tr> <tr> <td>Sent To</td> <td>DORA DEQUESADA</td> </tr> <tr> <td></td> <td>7911 NW 2ND STREET</td> </tr> <tr> <td>Street, Apt. N or PO Box No</td> <td>MIAMI FL</td> </tr> <tr> <td>City, State, Zip</td> <td>33126</td> </tr> </table>	Total Postage	XPRESS CLEANERS	Sent To	DORA DEQUESADA		7911 NW 2ND STREET	Street, Apt. N or PO Box No	MIAMI FL	City, State, Zip	33126	
Total Postage	XPRESS CLEANERS										
Sent To	DORA DEQUESADA										
	7911 NW 2ND STREET										
Street, Apt. N or PO Box No	MIAMI FL										
City, State, Zip	33126										
PS Form 3800, January 2001 See Reverse for Instructions											

PLACE STICKER AT TOP

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Received by (Please Print Clearly) _____ B. Date of Delivery _____</p> <p>C. Signature <input checked="" type="checkbox"/> Addressee <i>X Dora Dequesada</i> <input type="checkbox"/> Agent</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID # 0250716</p> <p>XPRESS CLEANERS DORA DEQUESADA 7911 NW 2ND STREET MIAMI FL 33126</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Copy from service label) 70000520002093730510</p>	
<p>PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789</p>	

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

7000 0520 0200 9373 0510

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

AIRS ID # 0250716

XPRESS CLEANERS

R DORA DEQUESADA (by mailer)

7911 NW 2ND STREET

S MIAMI FL

33126

PS Form 3800, February 2000 See reverse for Instructions

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

7001 0320 0001 7975 7766

OFFICIAL USE

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

[Handwritten Signature]
Postmark Here

AIRS ID#0250716

Total P_c XPRESS CLEANERS
DORA DEQUESADA
7911 NW 2ND STREET
MIAMI FL
33126

Sent To
Street, Apt
or PO Box
City, State



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

428519 APR21 2003

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

TOTAL AMOUNT DUE: \$75.00

Do NOT Remove Label

AIRS ID#0250716
XPRESS CLEANERS DORA DEQUESADA 7911 NW 2ND STREET MIAMI FL 33126

APR 25 2003

Bureau of Air
& Mobile

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Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273

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