



Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

February 18, 2003

Mr. Amin Lalji
French Quality Cleaners
121 Opa Locka Boulevard
Opa Locka, Florida 33054

Re: Facility No.: 0250901-002

Dear Mr. Lalji:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 16, 2003.


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,


Joseph Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Ms. Mallika Muthiah, Dade County

"More Protection, Less Process"

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Fee 97-01
SOC 5
Comp IN

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PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

JAN 16 2003

Air Quality

Part III. Notification of Intent to Use General Permit 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):	PAK FIDAS ENT. INC.		
2. Site Name (For example, plant name or number):	FRENCH QUALITY CLEANERS		
3. Hazardous Waste Generator Identification Number:	95964		
4. Facility Location:	Street Address:		
	City: OPALOCKA	County: DADE	Zip Code: 33054
	121 OPALOCKA BLVD.		
5. Facility Identification Number (DEP Use ONLY - do not fill in)	0250901-002		

OPA LOCKA

Responsible Official

6. Name and Title of Responsible Official:	Name: Amin Q. LALJI Title: PRESIDENT		
7. Responsible Official Mailing Address:	Organization/Firm:		
	Street Address: 121 Opalocka Boulevard	County: DADE	Zip Code: 33054
	City: Opalocka		
8. Responsible Official Telephone Number:	Telephone: (305) 681-4555 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:		
	City:	County:	Zip Code:
11. Facility Contact Telephone Number:	Telephone: () Fax: ()		

Bureau of Air Monitoring & Mobile Sources

JAN 23 2003

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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")
<u>1995</u>	Existing/New	<u>RC/CA/None</u> required	<u>SAME</u>
_____	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?

 100 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 _____)

BEST AVAILABLE COPY

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> | <u>New machines at small area source</u> |
| (NONE REQUIRED) <input type="checkbox"/> | Refrigerated condenser <input checked="" type="checkbox"/> |
| <u>Existing machines at large area source</u> | <u>New machines at large area source</u> |
| Carbon adsorber <input type="checkbox"/> | Refrigerated condenser <input type="checkbox"/> |
| 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? 1

For each boiler, indicate its horsepower (HP) rating: 15

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.

AMIN LALJI
Print name of responsible official

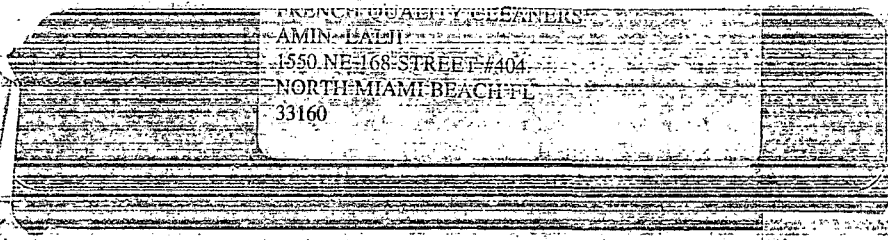
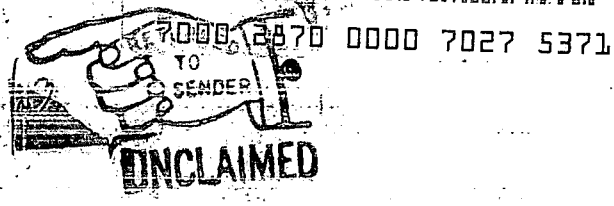
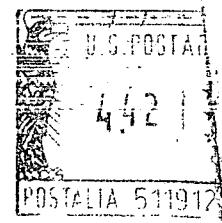
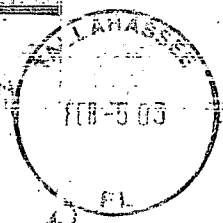
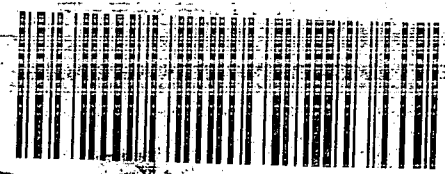
Amin
Signature

1-16-03
Date

MS# 0010 MC Acct # 0524

CERTIFIED MAIL

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



FRENCH QUALITY CLEANERS
AMIN LALJI
1550 NE 168 STREET #404
NORTH MIAMI BEACH FL
33160

RECEIVED
APR 2 2003
Bureau of Air Monitoring
& Mobile Sources

33 2222 2400

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		SENDER: COMPLETE THIS SECTION		PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS		RECIPIENT: COMPLETE THIS SECTION	
OFFICIAL USE		<input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> 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	
Postage \$		1. Article Addressed to:		C. Signature		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
Certified Fee		AIRS ID#0250901 FRENCH QUALITY CLEANERS AMIN LALJI 1550 NE 168 STREET #404 NORTH MIAMI BEACH FL 33160		<input checked="" type="checkbox"/> X D. Is delivery address different from item 1? <input type="checkbox"/> Yes if YES, enter delivery address below: <input type="checkbox"/> No			
Return Receipt Fee (Endorsement Required)		2. Article Number		3. Service type			
Restricted Delivery Fee (Endorsement Required)		(Transfer from service label)		<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.			
Total Postage		4. Restricted Delivery? (Extra Fee)		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Sent To	FRENCH QUALITY CLEANERS AMIN LALJI						
Street, Apt. No.	1550 NE 168 STREET #404						
City, State, ZIP+	NORTH MIAMI BEACH FL 33160						

725 200 0000 7027 0000

PS Form 3800, May 2000 See Reverse for Instructions

PS Form 3811, March 2001

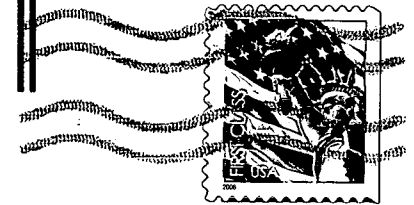
Domestic Return Receipt

102595-01-M-142

PAK Fidai Ent Inc
121 opa locca Blvd
opa locca FL 33054

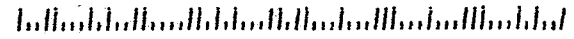
SOUTH FLORIDA P.O.C

FL 33002 L
06 FEB 2007 PM



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

323153070 8099



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

OFFICIAL USE

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

Postmark Here

AIRS ID # 0250901

Sent To **FRENCH QUALITY CLEANERS**
AMIN LALJI
 Street, Ap or PO Box **1550 NE 168 STREET #404**
 City, State **NORTH MIAMI BEACH FL**
33160

PS Form 3811, July 1999 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 # 0250901
FRENCH QUALITY CLEANERS
AMIN LALJI
1550 NE 168 STREET #404
NORTH MIAMI BEACH FL
33160

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* **FARI DA AMIN** B. Date of Delivery **3/8/02**
 C. Signature **X Fari** 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

2. Article Number *(Copy from service label)*

7001 0320 0001 7976 2258

UNITED STATES POSTAL SERVICE



First-Class Mail
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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

MAR 14 2002

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

OFFICIAL USE

7001 0320 0001 7975 4659

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

Postmark Here
[Handwritten Signature]

AIRS ID#0250901

FRENCH QUALITY CLEANERS
 AMIN LALJI
 1550 NE 168 STREET #404
 NORTH MIAMI BEACH FL
 33160

See 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#0250901
 FRENCH QUALITY CLEANERS
 AMIN LALJI
 1550 NE 168 STREET #404
 NORTH MIAMI BEACH FL
 33160

2. Article Number
(Transfer from service label)

7001 0320 0001 7975 4659

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Handwritten Signature]* Agent
 Addressee

B. Received by (Printed Name)
[Handwritten Signature]
 C. Date of Delivery
 3/1/10

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 •

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5610
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

MAR 13 2003

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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)	

Total Post: ID# 250901
 AMIN LALJI

Sent To: FRENCH QUALITY CLEANERS
 121 OPA LOCKA BLVD
 OPA LOCKA, FL 33054

PS Form 3800, June 2002 See Reverse for Instructions

0550 1595 E000 0922 E007

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:

ID# 250901
 AMIN LALJI
 FRENCH QUALITY CLEANERS
 121 OPA LOCKA BLVD
 OPA LOCKA, FL 33054

2. Article Number

(Transfer from service)

7003 2260 0003 5651 0550

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 AMIN LALJI 12/5/04

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

UNITED STATES POSTAL SERVICE



First-Class Mail
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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
2000 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Division of Air Monitoring
Mobile Sources

FEB 17 2004

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7003 0500 0004 0144 6323

U.S. Postal Service™
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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

AIRS ID# 250901 1stC
FRENCH QUALITY CLEANERS
121 OPALOCKA BLVD
OPA LOCKA, FL 33054

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# 250901 1stC
FRENCH QUALITY CLEANERS
121 OPALOCKA BLVD
OPA LOCKA, FL 33054

2. Article Number
(Transfer from service label)

7003 0500 0004 0144 6323

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
  Addressee

B. Received by (Printed Name) Agent
AMIN LAZGI Addressee

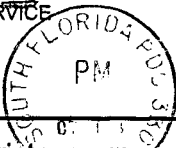
C. Date of Delivery

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

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

Bureau of
& Mobile Sources
Monitoring

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FEB 13 2005



U.S. Postal Service™	
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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#0250901.....2 nd Cert 05 FRENCH QUALITY CLEANERS 121 OPALOCKA BLVD OPA LOCKA, FL 33054	
PS Form 3811, June 2002	

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 type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery</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>AIRS ID#0250901.....2nd Cert 05 FRENCH QUALITY CLEANERS 121 OPALOCKA BLVD OPA LOCKA, FL 33054</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>2. Article Number</p> <p>(Transfer from service label)</p> <p>7004 2510 0004 6986 5470</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</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 •

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

11-2001
v Mobile Source

MAR 17 2005

RECEIVER



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 \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Post	AIRS ID# 250901 3 rd Cert04
Sent To	FRENCH QUALITY CLEANERS
Street, Apt. or PO Box #	121 OPALOCKA BLVD
City, State, ZIP	OPA LOCKA, FL 33054
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# 250901 3rd Cert04
 FRENCH QUALITY CLEANERS
 121 OPALOCKA BLVD
 OPA LOCKA, FL 33054

2. Article Number:

7004 2510 0004 6986 5890

COMPLETE THIS SECTION ON DELIVERY
A. Signature


 Agent

 Addressee

B. Received by (Printed Name)

AMIN

C. Date of Delivery

4/8/06

D. Is delivery address different from item 1?
 Yes

If YES, enter delivery address below:

 No

3. Service Type
 Certified Mail

 Express Mail

 Registered

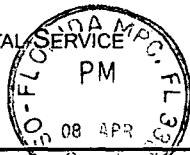
 Return Receipt for Merchandise

 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.

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

RECEIVED
APR 11 2005



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.

468724 FEB 8 2007

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID#250901
PAK-FIDAI ENT INC
121 OPALOCKA BLVD
OPA LOCKA, FLORIDA 33054



FEB 12 2007

Bureau of Air Mail
& Mobile Sources

Printed on recycled paper.

RECEIVED

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING.

437076 MAR 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

ID# 250901
 AMIN LALJI
 FRENCH QUALITY CLEANERS
 121 OPA LOCKA BLVD
 OPA LOCKA, FL 33054

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

check amt \$12.00
 Bureau of
 & Mobile
 sources
 Monitoring
 MAR 2004

RECEIVED

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

459903 MAR152006

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

TOTAL AMOUNT DUE: \$75.00

Do **NOT** Remove Label

AIRS ID# 250901
FRENCH QUALITY CLEANERS
121 OPALOCKA BLVD
OPA LOCKA, FL 33054

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