

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

August 17, 2001

Mr. James Niles
Royal Airline Linen
7920 Northwest 76 Avenue
Medley, Florida 33166

Re: Facility No.: 0251106-001

Dear Mr. Niles:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on July 16, 2001.

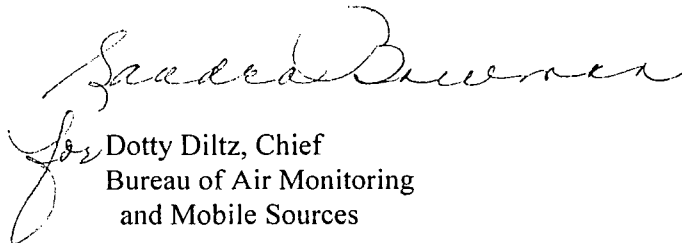
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

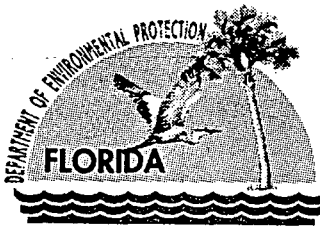

Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Ms. Mallika Muthiah, Dade County

"More Protection, Less Process"

Printed on recycled paper.



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

September 9, 2002

Mr. James R. Niles
Royal Airline Linen
7920 Northwest 76 Avenue
Medley, Florida 33166

Re: Facility No.: 0250833-002

Dear Mr. Niles:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 6, 2002.

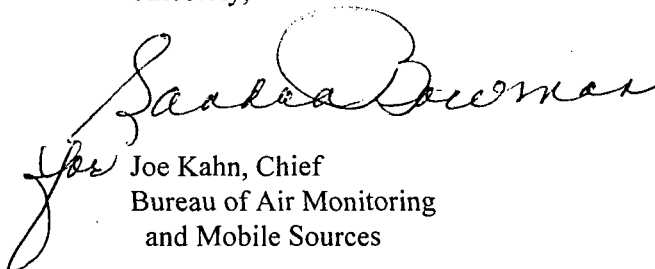
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"Protect, Conserve and Manage Florida's Environment and Natural Resources"

Printed on recycled paper.

Bowman, Sandy

From: Barros, Marcelo (DERM) [BarroM@miamidade.gov]
Sent: Thursday, September 19, 2002 2:23 PM
To: Bowman, Sandy
Subject: RE: Necessary Changes in the ASGP

Hi Sandy:

While I was in the process of reviewing inspection reports, I found that the ASGP database was not updated regarding the new company names of these two facilities:

New Sunshine ARMS # 0251055
L & M Quality Cleaners ARMS # 0250993

Please change those names to avoid confusion.

In addition, your office sent us recently a Notification Form submitted by Royal Airline Linen Corp., located at 7920 N.W. 76 Ave., Medley, with an erroneous ARMS # 0250833-002.

This ARMS # correspond to Royal Linen of Fl., located at 4020 NW 24 St., which is presently out of business.

Royal Airline Linen Corp., located at 7920 NW 76 Ave., it's operating with the following ARMS # 0251061.

Thanks.

Marcelo.

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

From: Bowman, Sandy [mailto:Sandy.Bowman@dep.state.fl.us]
Sent: Thursday, May 30, 2002 8:35 AM
To: Barros, Marcelo (DERM)
Subject: RE: Necessary Changes in the ASGP

Marcelo,

These have been corrected. I waited until this morning to verify the Events screen to see if all is in order. The AIRS ID Numbers 0251114, 0251115, and 0251116 have been deleted in both ARMS and ASGP. All the information in ARMS was transferred to 0250780, 0251055, and 0250993 respectively.

Sorry for the inconvenience and thanks for letting us know.

Sandy

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

From: Barros, Marcelo (DERM) [mailto:BarroM@miamidade.gov]

Sent: Tuesday, May 28, 2002 2:40 PM
To: Bowman, Sandy
Cc: Perez, Camilo (DERM)
Subject: Necessary Changes in the ASGP

Hi Sandy:

Please be informed that I recently received from your office three (3) new and completed Air General Permit Notification forms for some existing facilities. For some unexplained reason, someone in your office assigned a new ARMS number to these sources. In addition, the old ARMS numbers have not been inactivated from the ASGP database, so we ended with two ARMS numbers for the same facility. These are the affected facilities :

FACILITY ARMS NUMBER	NEW FAC. NAME	OLD ARMS NUMBER	NEW
Best Cleaners	Same	0250780-2	0251114-1
Sunshine Dry Cleaner	New Sunshine	0251055	0251115-1
A-One Dry Cleaner	L & M Quality Cleaners	0250993	0251116-1

Please inform us which ARMS number is the one you are going to keep as active in the ASGP database.

Thanks.

Best regards.

Marcelo



Royal Airline Linen of Florida, Inc.

7920 N.W. 76th Avenue

Medley, Florida 33166

UNITED STATES POSTAGE
☆☆☆
168 PB9572603
0020 # 00.37⁰ AUG 02 02
3300 MAILED FROM ZIP CODE 33166

GENERAC Permits Section
BUREAU of Air monitoring-Mobil Sources MS5510
Dept. of ENVIRONMENTAL Protection
2600 BLAIR STONE Rd.
TALLAHASSEE, FL. 32399-2400

RECEIVED

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

AUG 06 2002

Bureau of Air Monitoring
& Mobile Sources

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):	JAMES R. NILES / ROYAL AIRLINE LINEN of FL. INC.		
2. Site Name (For example, plant name or number):	ROYAL AIRLINE LINEN of FL. INC		
3. Hazardous Waste Generator Identification Number:	SAFETY KLEEN		
4. Facility Location: Street Address:	7920 N.W. 76th AVE.		
City:	County:	Zip Code:	
Medley, FL.	Dade	33166	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0251106-001		

Responsible Official

6. Name and Title of Responsible Official:	Name: JAMES R. NILES Title: V.P. & GENERAL MGR.		
7. Responsible Official Mailing Address:	Organization/Firm: ROYAL AIRLINE LINEN Street Address: 7920 N.W. 76th AVE. City: Medley, FL. County: Dade Zip Code: 33166		
8. Responsible Official Telephone Number:	Telephone: (305) 887-6799 Fax: (305) 887-7336		

Facility Contact (If different from Responsible Official)

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

RECEIVED

AUG 06 2002

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")
<u>STRINER ATLANTIC</u>			
<u>6-01-01</u>	Existing/New	RC/CA/None 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?

374. 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> | <u>New machines at small area source</u> |
| (NONE REQUIRED) <input type="checkbox"/> | Refrigerated condenser <input 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 checked="" 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?

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.

ONLY: IW5 - 02907

Responsible Official Certification

IW5 - 014034 - 2002/2003 (Reg) - DCSO

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.

James R. NILES

Print name of responsible official

James R. Niles

Signature

8-01-02

Date

Instructions for Completing Part III of Notification Form

The Perchloroethylene Dry Cleaning Facility Notification of Intent to Use General Permit, Part III of this form, shall be completed and submitted to the Division of Air Resources Management **at least 30 days prior to beginning operations under the general permit.** Please type or print clearly all information. A copy of this notification form shall be kept on-site and made available for review by Department personnel.

The responsible official of the facility, as defined in Part II of this notification form, is responsible for ensuring that the facility complies with all applicable terms and conditions of this general permit, as set forth in Part II of this form.

Mail the signed and completed Part III of this form to:

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

Facility Name and Location

1. **Facility Owner/Company Name** - Enter the name of the corporation, agency, or individual that has ownership or control of the dry cleaning facility for which this notification is submitted.
2. **Site Name** - Enter the common name, if any, of the facility site; for example, Plant A, Metropolis plant, etc. If more than one facility is owned, a notification form must be completed for each.
3. **Hazardous Waste Generator Identification Number** - Enter the hazardous waste generator identification number, if known, assigned by the Department to the facility.
4. **Facility Location** - Enter the street address and zip code of the facility and the city and county in which it is located.
5. **Facility Identification Number (DEP Use ONLY)** - Please leave this space blank. DEP will enter the facility identification number assigned to you by ARMS.

Responsible Official

6. **Name and Title of Responsible Official** - Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300, F.A.C.
7. **Responsible Official Mailing Address** - Enter the mailing address for the responsible official if different than the address entered in No. 4 above.
8. **Responsible Official Telephone Number** - Enter the telephone number and facsimile number, if available, at which the responsible official can be contacted.

Facility Contact

9. **Name and Title of Facility Contact** - Enter the name of the facility contact, if other than the responsible official. For example, a plant manager could be designated as the facility contact for Department inspections.

0251106-001

p15

1(a) (New) should be circled under Status.

(RC) should be circled under Control Device Required.

add Date Control Device Installed. If some as machine purchase date, add "Some".

p16

6(b) Required for all sources. Should be marked.

p17 Responsible official sign and date for changes made.

RECEIVED

JUN 25 2001

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Air Quality
Management Division
Bureau of Air Monitoring
and Sources

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): Royal Airline Linen
2. Site Name (For example, plant name or number):
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: 7920 N.W. 76 Avenue City: Medley County: Dade Zip Code: 33166
5. Facility Identification Number (DEP Use ONLY; do not fill in): 0051106-001

Responsible Official

6. Name and Title of Responsible Official: Name: James Niles Title: Vice President
7. Responsible Official Mailing Address: Organization/Firm: Street Address: 7920 N.W. 76 Avenue City: Medley County: Dade Zip Code: 33166
8. Responsible Official Telephone Number: Telephone: (305) 871 - 4451 Fax: () - 887-6799

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): James Niles
10. Facility Contact Address: Street Address: 7920 N.W. 76 Avenue City: Medley County: Dade Zip Code:
11. Facility Contact Telephone Number: Telephone: (305) 871 - 4451 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")
6/2001	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

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site? [0]

How many dryers/reclaimers do you have on-site? [00]

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) To fill machine

(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 [X] (date of expected opening 6/30/01)

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: [3] [HP]

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) Electric

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.

James Niles

Print name of responsible official

Signature

6/15/01
Date



*Royal Airline Lines
of Florida, Inc.*

*James R. Niles
Vice President & General Manager*

7920 N.W. 76th Avenue
Medley, Florida 33166

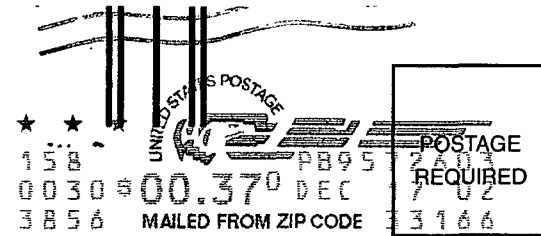
FAA Repair Station # R1LR480Y

Phone: (305) 887-6799

Fax: (305) 887-7336

royallinenfl@aol.com

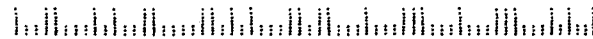
Royal Airline Linen
of Florida Inc.
7920 NW 16th Ave.
Medley FL 33166



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

RECEIVED
DEC 31 2002
Bureau of A. & M. Services

32315+3070 99



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

443642 DEC22 2004

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# 251106 10
ROYAL AIRLINE LINEN
7920 NW 76th Avenue
MEDLEY, FL 33166

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

Printed on recycled paper.

X
RECEIVED
DEC 23 2004
Bureau of Air Mail
& Mobile Services

ROYAL AIRLINE LINEN OF FLORIDA, INC. 7920 N.W. 76TH AVENUE, MEDLEY, FL 33166

INVOICE NO.	DATE	AMOUNT	DISCOUNT	NET AMT.
TT#251106	12/1/04	50.00		50.00

DATE

12/14/04

CHECK NUMBER

5220

Vendor: DEPARTMENT OF ENVIRONMENTAL PROTECTION

\$50.00

ROYAL AIRLINE LINEN OF FLORIDA, INC. 7920 N.W. 76TH AVENUE, MEDLEY, FL 33166

DEPARTMENT OF ENV. PROTE
TITLE V AIR GENERAL PERMI
PO BOX 3070
TALLAHASSEE, FL
32315-3070

INVOICE NO.	DATE	AMOUNT	DISCOUNT	NET AMT.
2003 PERMIT	11/24	50.00	0.00	50.00
TOTAL =				\$50.00

DATE

12/17/02

CHECK NUMBER

00003426



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

420834 DEC 19 2002

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

ROYAL AIRLINE LINEN
JAMES NILES
7920 NW 76TH AVENUE
MEDLEY FL
33166

AIRS ID#0251106

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A3
Fund: 20-2-035001
Obj.: 002273

Bureau of Air Monitoring
& Mobile Source

DEC 31 2002

RECEIVED

ROYAL AIRLINE LINEN OF FLORIDA, INC. 7920 N.W. 76TH AVENUE, MEDLEY, FL 33166

DEPARTMENT OF ENV. PROTE	INVOICE NO.	DATE	AMOUNT	DISCOUNT	NET AMT.
TITLE V AIR GENERAL PERMI PO BOX 3070 TALLAHASSEE, FL 32315-3070	DEC	12/17	50.00	0.00	50.00
			TOTAL =		<u>50.00</u>

DATE

12/26/01

CHECK NUMBER

00002400

BEST AVAILABLE COPY



THIS PORTION MUST BE ATTACHED TO RECEIPT 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

✓
412343 DEC28 2001

Do **NOT** Remove Label

AIRS ID # 0251106
ROYAL AIRLINE LINEN
JAMES NILES
7920 NW 76TH AVENUE
MEDLEY FL 33166

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

434557 DEC222003

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

251106
JAMES NILES
ROYAL AIRLINE LINEN
7920 NW 76TH AVENUE
MEDLEY FL 33156

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