

# Department of Environmental Protection

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

David B. Struhs Secretary

August 3, 2001

Mr. Kisun Kim Olympic Cleaners 2061 Bruton Boulevard\ Orlando, Florida 32805

Re: Facility No.: 0950304-002

Dear Mr. Kim:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 29, 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. Marie Driscoll, Orange County

"More Protection, Less Process"

Printed on recycled paper.

feestoid 50C3 Compliance IV

0950304-002 T (a) Existing should be marked under None Required should be marked under Control Device Required. "Same" should be marked out under Date Control Device Installed. 016 3. Marls 'X" in space provided for Small One Source 5. Morb fuel type for boiler. 6(e) Required. Should be marked P17 Responsible Official sign and date for \*/16/01 grobe to Kisun Rim and he stated that the modime was initially purchased an Mary 5

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

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 The consoleted form to the oldress listed in the instructions and leaves of the form. 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 inc	lividual owner):
2. Site Name (For example, plant name or number):		`
2. Site Name (For example, plant name or number):	<del></del>	
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l comple cleans		•
3. Hazardous Waste Generator Identification Number:		
FLD 118669978		
Street Address: ZOBI BYUTOM BLV	$\Rightarrow$	
4. Facility Location: Street Address: ZOB/ BYUTOM BLV & County: ORLANDO OVO	inge	Zip Code: 3220+
5. Facility Identification Number (DEP Use ONLY - do no	t fill in):	
	10/3/	50304-002
	U70	フレンロケー・ロレル
Responsible Official		
6. Name and Title of Responsible Official:		<u> </u>
Name:	Title:	president
7. Responsible Official Mailing Address:	<u></u>	J. ,,,,,,
7. Responsible Official Mailing Address:		
Organization/Firm:	^	
Street Address: 2061 Bruton BLVC	<i>:</i> 4	
Street Address: Zobi Bruton BLVC City: County:		Zip Code: 32 Dot
UKLANDO		2001
8. Responsible Official Telephone Number:		
Telephone: (40) 849 - 1314	Fax: (	) -
		: 1
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: (	) -
	•	•

DEP Form No. 62-213.900(2)

## **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 Status Control Device Required\* Date Control Device Installed From Manufacturer (if already included at time of (circle one) (circle one) purchase, write "SAME") 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 Status Control Device Required\* Date Control Device Installed From Manufacturer (circle one) (circle one) (if already included at time of purchase, write "SAME") RC/CA/None required Existing/New 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? [ 40] 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

DEP Form No. 62-213.900(2)

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 No such units on-site  OR		
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  [] 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		

DEP Form No. 62-213.900(2)

7. Surrender 0	a existing DEP All Fermit(s)
Please indicate	e with an "X" the appropriate selection:
(X)	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 C	Official Certification
this notific statements maintain i comply wi I will proi	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the is made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to it all terms and conditions of this general permit as set forth in Part II of this notification form.  I SUN KIY  e of responsible official
Signature	$\frac{6-14-01}{Date}$

completed form to the address listed in the instructions and keep a copy of the form for your files

Fac	ility Name and Location		\cdot\cdot\cdot\cdot\cdot\cdot\cdot\cdot
1.	Facility Owner/Company Name (Name of corporation, age	ncy, or in	idividual owner):
	Site Name (For example, plant name or number):		Adividual owner):  Sure of Air Montorine  Surces or ing
2.	Site Name (For example, plant name or number):		3 14 of 200
	olympic cleaners		Mobile & Mon
3.	Hazardous Waste Generator Identification Number:		Surce rine
ļ	FLD 118669978		
4.	Facility Location:  Street Address: ZOB/ BYUTON BLV Clity:  ORLANDO  County:  ORLANDO  COUNTY:  OPEN 14-215-11-2-21-2-21-2-2-2-2-2-2-2-2-2-2-2-	r	
<u> </u>	City: County: County:	• • •	Zip Code: 3220+
W. Latie Co.	OKLANDO OYAN	19-e	32003
.5.	Facility Identification Number (DEP Use ONLY - do not fi	ll in):	
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	ponsible Official		· · · · · · · · · · · · · · · · · · ·
	Name and Title of Responsible Official:		a f
Nan	Responsible Official Mailing Address:	Title:	president
7.			
	Organization/Firm:		•
	Street Address: ZOBI Bruton BLVC City: County:		
	Responsible Official Telephone Number:		Zip Code: 32 dot
8.	Responsible Official Telephone Number:		
ł	Telephone: (40) 849 - 1314	Fax: (	) -
Fac	ility Contact (If different from Responsible Official)		
9.	Name and Title of Facility Contact (For example, plant ma	nager):	
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10.	Facility Contact Address:		
1	Street Address:		•
}	City: County:		Zip Code:
11	Facility Contact Tolonkona Number		
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DEP Form No. 62-213.900(2)

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# 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 Control Device Required\* Status Date Control Device Installed From Manufacturer (circle one) (circle one) (if already included at time of purchase, write "SAME"). Existing/New RC/CA/None required Sume Existing/New RC/CA/None required Existing/New RC/CA/None required RC = refrigerated condenser CA = carbon adsorber \*CONTROL DEVICE KEY: 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 Status Control Device Required\* Date Control Device Installed From Manufacturer (if already included at time of (circle one) (circle one) 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? [ 40] 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

DEP Form No. 62-213.900(2)

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)
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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)
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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  []  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 No such units on-site  OR
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  [] 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:
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(b) Leak detection inspection and repair
(c) Refrigerated condenser temperature monitoring
(d) Carbon adsorber exhaust perc concentration monitoring
(e) Startup, shutdown, malfunction plan

DEP Form No. 62-213.900(2) Effective: 2/24/99

# 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.

Print name of responsible official

Signature

6-14-01

Date

7-13-01

0950304-002

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PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

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 T 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, a	gency, or individual owner):	
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2. Site Name (For example, plant name or number):		
2. Site Name (For example, plant hame of humber).	·	
olympic cleaners		
3. Hazardous Waste Generator Identification Number:		
FILD 118669978		
4. Facility Location:	,	
Street Address: ZOS/ BYU70M BLVC	7	
City: County: OVA	NGD Zip Code: 3220+	
Street Address: ZOB/ BYNTOM BLVC City: County: OYA	719-6	
5. Facility Identification Number (DEP Use ONLY - do not		
	095030H-002	
Responsible Official		
6. Name and Title of Responsible Official:	0	
Name:	Title: president	
7. Responsible Official Mailing Address:	Time. Programme	
7. Responsible Official Mailing Address:		
Organization/Firm:	,	
Street Address: 2061 Brutom BLV Cl		
Street Address: Zobi Bruton BLV cl City: County:	Zip Code: 32 Jot	
<i>UKLANDO</i>	2003	
8. Responsible Official Telephone Number:		
Telephone: (40) 849 - 1314	Fax: ( ) -	
/ / /		
	DIECETAFIA	
Facility Contact (If different from Responsible Official)	- INTERNET	
9. Name and Title of Facility Contact (For example, plant n	nanager):	
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10. Facility Contact Address:	annages, my to	
Course Address.	OR MICE COUNTY EMPLOYMENTS	
Street Address:	PROTECTION DE L'ANNO I	
City: County:	Zip Code:	
11 Facility Contact Talaphona Number		
11. Facility Contact Telephone Number:	Fax: ( ) -	
Telephone: ( ) -	Fax: ( ) -	

DEP Form No. 62-213.900(2)

Effective: 2/24/99

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# **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 Status Control Device Required\* Date Control Device Installed From Manufacturer (circle one) (circle one) (if already included at time of purchase, write "SAME") RC/CA/None required Existing/New RC/CA/None required Existing/New RC/CA/None required CA = carbon adsorber \*CONTROL DEVICE KEY: RC = refrigerated condenser 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 Status Control Device Required\* Date Control Device Installed From Manufacturer (circle one) (circle one) (if already included at time of purchase, write "SAME") Existing/New RC/CA/None required Existing/New RC/CA/None required RC/CA/None required Existing/New RC = refrigerated condenser CA = carbon adsorber \*CONTROL DEVICE KEY: 2.(a) How much perchloroethylene (perc) have you used within the last 12 months? [40] 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 \_\_\_\_\_

DEP Form No. 62-213.900(2)

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What type of fuel do you use?  [ ] propane [ ] No. 2 fuel oil [ ] No. 6 fuel oil	[] natural gas [] No. 4 fuel oil [] Other (please list)	
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Check all logs which are required to be kept on-site in ac	cordance with the requirements of this general permit:	
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(c) Refrigerated condenser temperature monitoring		
(d) Carbon adsorber exhaust perc concentration monitoring		
(e) Startup, shutdown, malfunction plan		

DEP Form No. 62-213.900(2)

# Permit Renewal

# 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 OGCOBUL 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. KISUN KIM Print name of responsible official



# 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.

412408 DEC31 2001

# **TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID # 0950304
OLYMPIC CLEANERS
KISUN KIM
2061 BRUTON BLVD
ORLANDO FL

32805

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273



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** 

420550 DEC12 2002

Do NOT Remove Label

OLYMPIC CLEANERS KISUN KIM 2061 BRUTON BLVD ORLANDO FL 32805 AIRS ID#0950304

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: 50. Fund: 20-2-035001

Obj.: 002273

# THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

434034 DEC 82003

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

+950304 CKISUN KIM OLYMPIC CLEANERS 2061 BRUTON DLVD ORLANDO FL 32803 FOR GOVERNMENT USE ON PY Org.: 37550101000 EG: A1 Fund: 20-2-035001 DODJ:: 002273

# THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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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# 950304 10 OLYMPIC CLEANERS 2061 Bruton Blvd ORLANDO, FL 32805

Printed on recycled paper.

Bureau of Air Monito

FOR GOVERNMENT SE ONLY

ORG.: 37550101000 E0: A1

FUND: 20-2-035001 OBJECT: 002273

(JUI HERE)

# THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

456821 DEC147995

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

TOTAL AMOUNT DEE: \$50.00

Do NOT Remove Label

950304 10 OLYMPIC CLEANERS 2061 Bruton Blvd ORLANDO, FL 32805 FLAIR ACCT. CODE 372020350013755010000 BENIETTING OBJECT CODE 002000 ENIFIȚTING CATEGORY 000200

FOR GOVERNMENT USE ONLY

ORG.: 37550101000 EO: A1

FUND: 20-2-035001 OBJECT: 002273

Printed on recycled paper.