

Jeb Bush  
Governor

# Department of Environmental Protection

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

Colleen M. Castille  
Secretary

March 19, 2004

Mr. Edgardo Rodriguez  
Rainbow Cleaners  
672 South Goldenrod Road  
Orlando, Florida 32807

Re: Facility No.: 0950346-003

Dear Mr. Rodriguez:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on February 16, 2004.

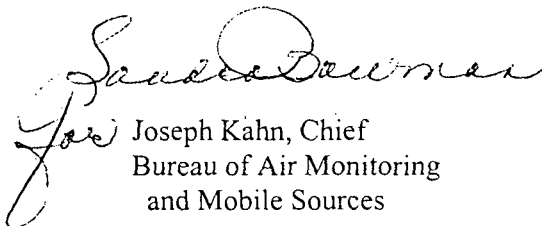
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"More Protection, Less Process"

Printed on recycled paper.

EMISSION FEE DATES .....

SOC REPORTS .....

COMPLIANCE STATUS .....

→ INSP - 12/9/96 - MNC

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED  
FEB 16 2004  
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): <i>RAINBOW CLEANERS</i>
2. Site Name (For example, plant name or number):
3. Hazardous Waste Generator Identification Number: <i>FLD 981-027998</i>
4. Facility Location: Street Address: <i>672 S GOLDENROD ROAD</i> City: <i>Orlando</i> County: <i>ORANGE</i> Zip Code: <i>32822</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>0950346-003</i>

RP

Responsible Official

6. Name and Title of Responsible Official: Name: <i>Edgardo Rodriguez</i> Title: <i>President</i>
7. Responsible Official Mailing Address: Organization/Firm: <i>672 S. GOLDENROD RD.</i> Street Address: City: <i>Orlando</i> County: <i>ORANGE</i> Zip Code: <i>32807</i>
8. Responsible Official Telephone Number: Telephone: <i>(407) 282-5597</i> Fax: ( ) <i>(32807)</i>

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")
<u>RAINBOW Cleaners.</u>	<u>Existing</u> /New	<u>RC</u> /CA/None required	_____
_____	Existing/ <u>New</u>	RC/CA/None required	_____
_____	Existing/ <u>New</u>	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/ <u>New</u>	RC/CA/None required	_____
_____	Existing/ <u>New</u>	RC/CA/None required	_____
_____	Existing/ <u>New</u>	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?

→ [ 5400 ] gallons (You must fill this in)

(b) If less than 12 months, how many? [ 4 ] 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

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

Large Area Source

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

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

Existing machines at small area source  
(NONE REQUIRED)

New machines at small area source  
Refrigerated condenser

Existing machines at large area source  
Carbon adsorber   
Refrigerated condenser

New machines at large area source  
Refrigerated condenser

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

All steam and hot water generating units exempt  OR  
No such units on-site

How many boilers do you have on-site?

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

What type of fuel do you use?  propane  natural gas  
 No. 2 fuel oil  No. 4 fuel oil  
 No. 6 fuel oil  Other (please list) \_\_\_\_\_

6. Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

- (a) Purchase receipts and solvent purchases/solvent addition log
- (b) Leak detection inspection and repair
- ~~— (c) Refrigerated condenser temperature monitoring~~
- ~~— (d) Carbon adsorber exhaust perc concentration monitoring~~
- (e) Startup, shutdown, malfunction plan

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are \_\_\_\_\_

→  No DEP air permits currently exist for the operation of the facility indicated in this notification form.

**Responsible Official Certification**

*I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.*

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

*Edgardo Chodriguez*

Print name of responsible official

*Edgardo Chodriguez*

Signature

Date

*02/11/04*

03/16/2004

Spoke with Mr. Edgardo Rodriguez, president Rainbow Cleaners, and he stated that the dry-to-dry machine is a 1985 machine with an installed chiller (refrigerated condenser). He also stated that the he has purchased approximately 50 gallons of perchloroethylene since October 2003. Number on form should have decimal indicating 54.02 gallons.

Page 15

1. (a) Add date Initially purchased from Manufacturer. Existing should be circled under Status for 1985 dry-to-dry machine.  
None required should be circled under Control Device Required for 1985 dry-to-dry machine.

363 JB 3-26-04 \*

AIRS ID # 0950346-003

03/16/2004

2004 MAR 22 PM 12:16

Spoke with Mr. Edgardo Rodriguez, president Rainbow Cleaners, and he stated that the dry-to-dry machine is a 1985 machine with an installed chiller (refrigerated condenser). He also stated that he has purchased approximately 50 gallons of perchloroethylene since October 2003. Number on form should have decimal indicating 54.02 gallons.

Page ~~13~~ JB 14

1. (a) Add date Initially purchased from Manufacturer. Existing should be circled under Status for 1985 dry-to-dry machine.  
None required should be circled under Control Device Required for 1985 dry-to-dry machine.

\* See e-mail/correspondence dated March 26, 2004 8:08 AM.  
JB (Attached)

RECEIVED  
APR 12 2004  
Bureau of Air Monitoring  
& Mobile Sources



## Bundy, Ilka

---

**From:** Bowman, Sandy [Sandy.Bowman@dep.state.fl.us]  
**Sent:** Friday, March 26, 2004 8:08 AM  
**To:** Bundy, Ilka  
**Subject:** RE: Rainbow Cleaners

Ilka,

Thank you for bringing this to our attention. I have inactivated 0950346 and re-linked the 003 project to 0950363.

Sandy Bowman  
Division of Air Resource Management  
850/921-9583 or sandy.bowman@dep.state.fl.us

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

**From:** Ilka.Bundy@ocfl.net [mailto:Ilka.Bundy@ocfl.net]  
**Sent:** Thursday, March 25, 2004 4:49 PM  
**To:** Butler, Rick  
**Cc:** Bowman, Sandy; Marie.Driscoll@ocfl.net; John.Parker@ocfl.net  
**Subject:** Rainbow Cleaners

Rick,

I noticed that the entitlement letter and the notification form (copy that need corrections) that you mailed to Orange County regarding Rainbow Cleaners, has a different AIRS ID# than the previous owner of the facility.

The AIRS ID for the facility at the time Edgardo took over was 0950363. The AIRS ID# assigned to Mr. Rodriguez is now 0950346-003 (an old number from many years ago for this same location). I did notice in your comments to refer to 0950363.

Now, both facilities are active in ARMS. Please advise on which AIRS ID# is the correct one and inactivate the other AIRS ID#. Please let me know your decision so I may inspect this facility as soon as possible!

Thank you!

Ilka Bundy <mailto:Ilka.Bundy@ocfl.net>  
Environmental Specialist  
800 Mercy Drive  
Suite 4  
Orlando, FL 32808  
Phone 407-836-1476  
Fax 407-836-1498

RECEIVED  
O.C. ENVIRONMENTAL  
PROTECTION DIVISION

RECEIVED  
FEB 16 2004  
Bureau of Air Monitoring  
& Mobile Sources

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

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Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	RAINBOW CLEANERS
2. Site Name (For example, plant name or number):	
3. Hazardous Waste Generator Identification Number:	FLD 981 027 998
4. Facility Location: Street Address: City:	672 S GOLDENROD ROAD Orlando County: ORANGE Zip Code: 32822
5. Facility Identification Number (DEP Use ONLY - do not fill in):	<del>0950363-003</del>

DLF

JLS  
3/26/04

0950363-003

Responsible Official

6. Name and Title of Responsible Official: Name:	Edgardo Rodriguez	Title:	President
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City:	672 S GOLDENROD RD. Orlando	County:	ORANGE Zip Code: 32807
8. Responsible Official Telephone Number: Telephone:	(407) 282-5597	Fax:	( ) (32807)

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:	( )		

RECEIVED  
APR 12 2004  
Bureau of Air Monitoring  
& Mobile Sources

**Facility Information**

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

How many dry-to-dry machines do you have on-site? [ 1 ] <sup>EW</sup>

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>RAINBOW Cleaners</u>	<u>Existing</u> <sup>EW</sup>	<u>RC</u> <sup>EW</sup> / CA / None required	<u>Same</u> <sup>EW</sup>
_____	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:

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_____	Existing/New	RC/CA/None required	_____
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\*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

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

30 <sup>EW</sup> ~~5400~~ gallons (You must fill this in)

(b) If less than 12 months, how many? 4 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
- ~~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><br>(NONE REQUIRED) <input checked="" type="checkbox"/>   | <u>New machines at small area source</u><br>Refrigerated condenser <input type="checkbox"/> |
| <u>Existing machines at large area source</u><br>Carbon adsorber <input type="checkbox"/><br>Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u><br>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:

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

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- (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.*

Edgardo Chudriquetz  
Print name of responsible official

Edgardo Chudriquetz  
Signature

02/11/04  
Date



ENVIRONMENTAL PROTECTION DIVISION

800 Mercy Drive, Suite 4  
Orlando, Florida 32808



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

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.

~~\$50.00~~ 474094 MAY 32007

TOTAL AMOUNT DUE: ~~\$75.00~~ PATO \$170.00

Do NOT Remove Label

Bureau of  
& Mobile Sources

AIR MAIL

AIRS ID#950363  
 RAINBOW CLEANERS  
 672 South Goldenrod Road  
 ORLANDO, FLORIDA 32807

MAY 04 2007

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

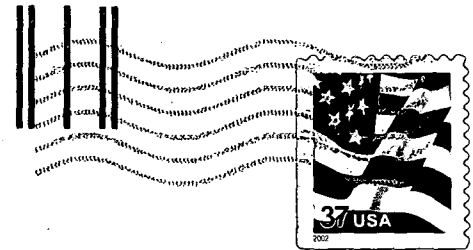
FOR GOVERNMENT USE ONLY  
 ORG.: 37550101000 EO: AI  
 FUND: 20-2-035001  
 OBJECT: 002273

Printed on recycled paper.

5/9/07 REFUND DUE \$20.00  
REFUND REQUEST #15188

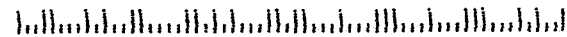
ORLANDO FL 325

01 MAY 07 PM 6 T



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

323153070 8099





BEST AVAILABLE COPY

THIS PORTION IS TO REMAIN IN PLACE FOR PROPER HANDLING

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

**TOTAL AMOUNT DUE: \$50.00**

466584 DEC28 2006

Do NOT Remove Label

AIRS ID# 990362  
M & D ONE PRICE DRY  
CLEANING INC ✓  
9841 Glades Road  
BOCA RATON, FLORIDA 33434

Air Monitoring  
& Mobile Services

DEC 29 2006

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

Printed on recycled paper.



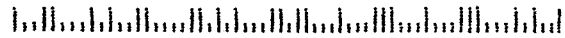
M & D Dry Cleaning Inc  
 9841 Glades Rd  
 Boca Raton, FL 33434

WEST PALM BEACH  
 FL 334  
 23 DEC 2006 PM 2 T



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

323153070 BOSS



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.

461263 MAY 8 2006

**TOTAL AMOUNT DUE: \$75.00**

Do NOT Remove Label

AIRS ID# 950363  
RAINBOW CLEANERS  
672 South Goldenrod Road  
ORLANDO, FL 32807

Printed on recycled paper.

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

Source  
\* Message Source

MAY 10 2006  
RECEIVED

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

For delivery information visit our website at www.usps.com®

**OFFICIAL USE**

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

**Tot:** AIRS ID#0950363.....2<sup>nd</sup> Cert 05  
 RAINBOW CLEANERS

**Sent** 672 South Goldenrod Road  
 ORLANDO, FL 32807

**Street or PO**  
**City:**

PS Form 3800, June 2002 See Reverse for Instructions

6986 5593 7004 2510 0004 6986 5593

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p><b>X</b> <i>Paul Reyes</i></p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p> <p><i>Reyes</i> <span style="float: right;">3/7/05</span></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="margin-left: 20px;">AIRS ID#0950363.....2<sup>nd</sup> Cert 05          RAINBOW CLEANERS          672 South Goldenrod Road          ORLANDO, FL 32807</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 (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7004 2510 0004 6986 5593</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

RECEIVED  
MAR 15 2005

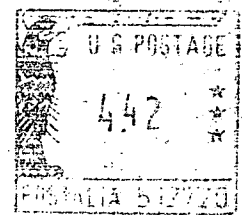
MS# 5510 MC Acct # 5521

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

**CERTIFIED MAIL**



7003 0500 0004 0144 E5



RECEIVED  
FEB 17 2005  
BUREAU OF AIR MAIL  
& MOBILE SERVICES

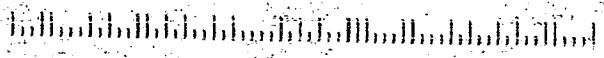
AIRS ID# 950363 1stC  
RAINBOW CLEANERS  
672 South Goldenrod Road  
ORLANDO, FL 32807

EXEM 027 1 24 02/11/05

RETURN TO SENDER  
NO SUCH NUMBER  
UNABLE TO FORWARD

EC: 32399240099 \*0938-03075-04-39

323992400  
32807+3453 22



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse, so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p><i>X</i></p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">AIRS ID# 950363 1stC RAINBOW CLEANERS 672 South Goldenrod Road ORLANDO, FL 32807</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>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 <span style="float: right;">7003 0500 0004 0144 6576</span> (Transfer from service label)</p>	
<p>PS Form 3811, February 2004 <span style="margin-left: 150px;">Domestic Return Receipt</span> <span style="float: right;">102585-02-M-1540</span></p>	

**U.S. Postal Service™**

**CERTIFIED MAIL™ RECEIPT**

*(Domestic Mail Only; No Insurance Coverage Provided)*

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OFFICIAL USE

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

Sent To: AIRS ID# 950363 1stC  
RAINBOW CLEANERS  
672 South Goldenrod Road  
ORLANDO, FL 32807

Street, Apt. No., or PO Box No.  
City, State, ZIP+4

PS Form 3800, Jul

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