

Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

December 9, 2002

Mr. Baqir M. Syed
Gary's All Brite Cleaners
2616-PGA Boulevard
Palm Beach Gardens, Florida 33410

Re: Facility No.: 0990439-003

Dear Mr. Syed:

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

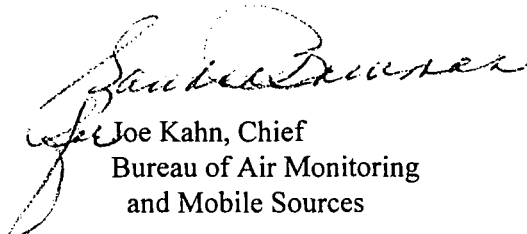
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"More Protection, Less Process"

Printed on recycled paper.

ownership change

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
NOV 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):	BS ASSOCIATES INC. D/B/A GARY'S ALL BRITE CLEANERS		
2. Site Name (For example, plant name or number):	GARY'S CLEANERS ALL BRITE CLEANERS		
3. Hazardous Waste Generator Identification Number:	FLD118126002		
4. Facility Location:	Street Address: 2616-PGA Blvd.		
	City: Palm Beach Gardens	County: Palm Beach	Zip Code: 33410
5. Facility Identification Number (DEP Use ONLY, do not fill in)	0990439-003		

Responsible Official

6. Name and Title of Responsible Official:	Name: BAQIR M. SYED Title: PRESIDENT		
7. Responsible Official Mailing Address:	Organization/Firm: SAME AS ABOVE		
	Street Address:	City:	County: Zip Code:
8. Responsible Official Telephone Number:	Telephone: (561) 386-6063 (cell) Fax: (561) 626-0553		
	(561) 626-0553		

Facility Contact (If different from Responsible Official)

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

Facility Information

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

How many dry-to-dry machines do you have on-site? 2

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")
1988 RENZACCI	<input checked="" type="radio"/> Existing / <input type="radio"/> New	<input checked="" type="radio"/> RC / <input type="radio"/> CA / <input type="radio"/> None required	SAME
1997 UNION	<input checked="" type="radio"/> Existing / <input type="radio"/> New	<input checked="" type="radio"/> RC / <input type="radio"/> CA / <input type="radio"/> None required	SAME
_____	Existing / <input type="radio"/> New	RC / <input type="radio"/> CA / <input type="radio"/> None required	_____

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site? NONE

How many dryers/reclaimers do you have on-site? NONE

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")
NA	Existing / <input type="radio"/> New	RC / <input type="radio"/> CA / <input type="radio"/> None required	_____
_____	Existing / <input type="radio"/> New	RC / <input type="radio"/> CA / <input type="radio"/> None required	_____
_____	Existing / <input type="radio"/> New	RC / <input type="radio"/> CA / <input type="radio"/> 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?

105 ~~100~~ gallons (You must fill this in)

(b) If less than 12 months, how many? 6 months

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

New store: No New machine

Unopened store No (date of expected opening _____)

3. What is the facility's source classification based on the definitions found in section (3) of Part II?

Indicate with an "X". Select one classification only.)

Small Area Source

Dry-to-dry machines only on-site (used less than 140 gallons of perc per year)

Transfer only on-site (used less than 200 gallons of perc per year)

Both machine types on-site (used less than 140 gallons of perc per year)

Large Area Source

Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year)

Transfer only on-site (used 200 - 1,800 gallons of perc per year)

Both machine types on-site (used 140 - 1,800 gallons of perc per year)

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

(Indicate with an "X".)

Existing machines at small area source

(NONE REQUIRED)

New machines at small area source

Refrigerated condenser

Existing machines at large area source

Carbon adsorber

Refrigerated condenser

New machines at large area source

Refrigerated condenser

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

All steam and hot water generating units exempt

OR

No such units on-site

How many boilers do you have on-site?

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

30 44

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.

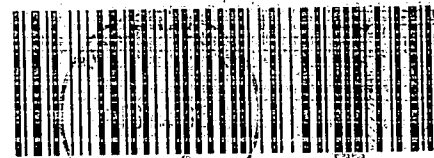
PAUL M. SYED
Print name of responsible official

[Signature]
Signature

10/18/02
Date

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

CERTIFIED MAIL



7004 2510 0002 3939 2623

MS# 5510 MC Acct # 5521

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

LN
2/17/05

AIRS ID# 990439-1stC
GARYS-ALL-BRIGHT-CLEANERS
2616 PGA Blvd Pga Plaza
PALM BEACH GARDENS, FL 33410

RECEIVED
MAR 17 2005
MAIL ROOM
& Mobile Services
SENDER

32399-2400 4104

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>Print your name and address on the reverse so that we can return the card to you.</p> <p>Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>AIRS ID# 990439 1stC GARYS ALL BRIGHT CLEANERS 2616 PGA Blvd Pga Plaza PALM BEACH GARDENS, FL 33410</p> </div> <p>2. Article Number: (Transfer from service label)</p>		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) 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>3. Service Type</p> <p><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.</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, August 2001</p>		<p>Domestic Return Receipt 102595-02-M-1540</p>	

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)		
Total Postage		

AIRS ID# 990439 1stC
 GARYS ALL BRIGHT CLEANERS
 2616 PGA Blvd Pga Plaza
 PALM BEACH GARDENS, FL 33410

See Reverse for Instructions

7004 2510 0002 3939 2823

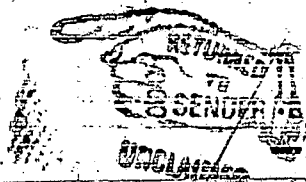
STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

CERTIFIED

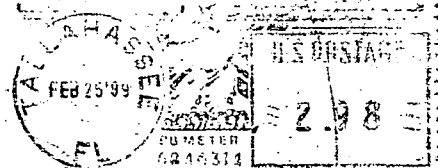
P 174 052 160

MAIL

37550301000
2529 1R MS#5S10
BAMMS
JOEY ROBERTS



AIR ID # 0990439
GARYS ALL BRIGHT CLEANERS
ASHRAF H DHANJI
2616 PGA BLVD PAC PLAZA
PALM BEACH GARDENS FL 33410



Handwritten: 2/27/99
3-11-99
RTU 3-11-99

Bureau of Air Monitoring
& Mobile Sources

MAR 24 1999

RECEIVED

33410x2304 01

PS Form 3811, December 1994
 PS Form 3811, December 1994

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 0990439

GARYS ALL BRIGHT CLEANERS
 ASHRAF H DHANJI
 2616 PGA BLVD PAG PLAZA
 PALM BEACH GARDENS FL 33410

4a. Article Number
 P 174 052 160

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
 X

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

Domestic Return Receipt

P 174 052 160

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

AIRS ID # 0990439

GARYS ALL BRIGHT CLEANERS
 ASHRAF H DHANJI
 2616 PGA BLVD PAG PLAZA
 PALM BEACH GARDENS FL 33410

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800 April 1995

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR

469467 FEB 20 2007

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#990439
BS ASSOCIATES INC
2616 PGA Blvd Pga Plaza
PALM BEACH GARDENS, FLORIDA
33410

RECEIVED
FEB 22 2007
U.S. MAIL
& Mobile Source

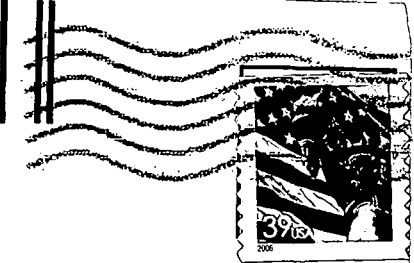
FLAIR ACCT. CODE 372020350013755010000
BENEFITTING OBJECT CODE 002000
BENEFITTING CATEGORY 000200

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

Printed on recycled paper.

BS Associates
2616 - PGA Blvd.
P.B.Gr. FL 33410

WEST PALM BEACH
FL 334 7
17 FEB 2007 PM



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

3231533070 8099

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

458945 FEB15 2006

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

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID# 990439 1st
GARYS ALL BRIGHT
CLEANERS
2616 PGA Blvd Pga Plaza
PALM BEACH GARDENS, FL

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.

(CUT HERE)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

448817 MAR10 2005

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

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID#0990439.....2nd Cert 05
GARYS ALL BRIGHT CLEANERS
2616 PGA Blvd Pga Plaza
PALM BEACH GARDENS, FL 33410

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

RECEIVED
MAR 11 2005
Bureau of Air, Mobile Support & Maintenance

Printed on recycled paper.

5555 6986 0004 2510 7004

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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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)		
Tot AIRS ID#0990439.....2 nd Cert 05		
GARYS ALL BRIGHT CLEANERS		
Sent	2616 PGA Blvd Pga Plaza	33410
Street or PO	PALM BEACH GARDENS, FL	
City		

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#0990439.....2nd Cert 05
 GARYS ALL BRIGHT CLEANERS
 2616 PGA Blvd Pga Plaza
 PALM BEACH GARDENS, FL 33410

2. Article Number

(Transfer from service label)

7004 2510 0004 6986 5555

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Kazim Syed*

- Agent
 Addressee

B. Received by (Printed Name)

KAZIM Syed

C. Date of Delivery

3/5/05

- 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

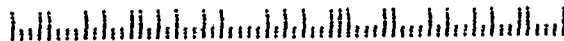


First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• 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

RECEIVED
MAR 7 2005





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

435351 JAN16 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

990439
BAQIR SYED
GARYS ALL BRIGHT CLEANERS
2616 PGA BLVD
PALM BEACH GARDENS FL 33410

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: 12958
Fund: 20-2-035001
Obj.: 002273

RECEIVED
JAN 23 2004
Bureau of...

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

7000 0520 0020 9372 7275

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

02nd
3rd
Postmark Here

AIRS ID#0990439

Recd	GARYS ALL BRIGHT CLEANERS	iller)
	BAQIR M SYED	
Street	2616 PGA BLVD	
	PALM BEACH GARDENS FL	
City, &	33410	
PS Fo		structions

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#0990439

GARYS ALL BRIGHT CLEANERS
 BAQIR M SYED
 2616 PGA BLVD
 PALM BEACH GARDENS FL
 33410

2. Article Number

(Transfer from service label)

7000 0520 0020 9372 7275

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

[Signature]

Agent
 Addressee

C. Date of Delivery
7/11/03

D. Is delivery address different from item 1? If YES, enter delivery address below:

Yes
 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

APR 15 2003

RECEIVED



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

427518 APR 7 2003

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#0990439

GARYS ALL BRIGHT CLEANERS
BAQIR M SYED
2616 PGA BLVD
PALM BEACH GARDENS FL
33410

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

Bureau of Air Monitoring
& Mobile Sources

APR 9 2003

RECEIVED

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

OFFICIAL USE

7001 0320 0001 7976 6348

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

Roseia
Delgado
 Postmark Here

Total Postage AIRS ID#0990439

Sent To **GARYS ALL BRIGHT CLEANERS**
BAQIR M SYED
 Street, Apt. No. or PO Box No. **2616 PGA BLVD**
PALM BEACH GARDENS FL
 City, State, Zip **33410**

PS Form 3800, January 2001

See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

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#0990439
GARYS ALL BRIGHT CLEANERS
BAQIR M SYED
2616 PGA BLVD
PALM BEACH GARDENS FL
33410

COMPLETE THIS SECTION ON DELIVERY

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

Roseia Delgado *3-10-03*

C. Signature

Roseia Delgado 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.

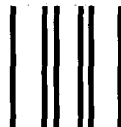
4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

(Transfer from service label)

7001 0320 0001 7976 6348

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 Air Monitoring
& Mobile Sources

MAR 13 2003

RECEIVED

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 & Fees \$ _____

Handwritten signature
 Postmark Here

AIRS ID#0990439

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

GARYS ALL BRIGHT CLEANERS
BAQIR M SYED
2616 PGA BLVD
PALM BEACH GARDENS FL
33410

PS Form 3800, Jan 99

7001 0320 0001 7975 4901

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#0990439

GARYS ALL BRIGHT CLEANERS
BAQIR M SYED
2616 PGA BLVD
PALM BEACH GARDENS FL
33410

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Veronica S.* B. Date of Delivery *2-10-03*
 C. Signature *Veronica S.* Agent
 Addressee
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

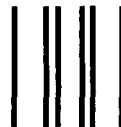
3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

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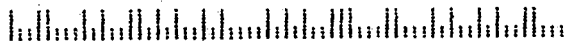
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