

Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

August 31, 1999

Mr. Estelo Esquivia
Best For Less Cleaners, Inc.
23269 - State Road 7, #115
Boca Raton, Florida 33432

Re: Facility No.: 0990577

Dear Mr. Esquivia:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on July 28, 1999.

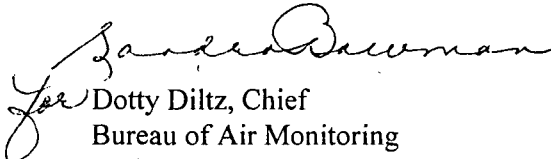
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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

Printed on recycled paper.

**TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: _____ TIME OUT: _____ AIRS ID#: 0990 577

TYPE OF FACILITY: Dry Cleaner

FACILITY NAME: Best for less DATE: 8/9/00

FACILITY LOCATION: 23269 So. St. Rd. 7

Boca Raton 33428

RESPONSIBLE OFFICIAL: _____ PHONE NUMBER: _____

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM

FOLLOW-UP ACTION REQUIRED

| COMPLIANCE REQUIREMENT/PROBLEM | FOLLOW-UP ACTION REQUIRED |
|--------------------------------|---------------------------|
| <u>None</u> | |
| | |
| | |
| | |
| | |
| | |
| | |

RECEIVED
SEP 17 2000
Bureau of Air Monitoring
& Mobile Sources

COMMENTS: New Owner new Name I gave them
Notification info + forms -

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO

DATE OF NEXT INSPECTION: _____

INSPECTION CONDUCTED BY: Mr Liebler (Approximate)

INSPECTOR'S SIGNATURE: Mr Liebler (Please Print) PHONE NUMBER: 355 3070

0990577

8/5/99

Spoke to Estela Esquivel and she stated that the dry clean machine has a manufacture date of 1993. This classifies the machine as a new machine. She also stated that the boiler is electric.

p15

(c) Add date of purchase from manufacture. (1993)

p16

5. No such units on-site should be marked.

p17

Responsible official signed
date for changes made.

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED

JUL 28 1999

Part III. Notification of Intent to Use General Permit

Bureau of Air Monitoring
& Mobile Sources

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): |
| Best For Less Cleaners - INC. |
| 2. Site Name (For example, plant name or number): |
| |
| 3. Hazardous Waste Generator Identification Number: |
| |
| 4. Facility Location: Street Address: City: state Rd County: Zip Code: 23269 - S. Rd 7 #115 BOCA RATON FL 33432 |
| 5. Facility Identification Number (DEP Use ONLY - do not fill in): 0990577 |

Responsible Official

| |
|---|
| 6. Name and Title of Responsible Official: Name: Estela Esquivia Title: President |
| 7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: SAME County: Zip Code: |
| 8. Responsible Official Telephone Number: Telephone: (561) 477 0000 Fax: () - |

Facility Contact (If different from Responsible Official)

| |
|--|
| 9. Name and Title of Facility Contact (For example, plant manager): SAME - |
| 10. Facility Contact Address: Street Address: City: SAME County: Zip Code: |
| 11. Facility Contact Telephone Number: Telephone: (561) 477 0000 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") |
|--|---------------------|---------------------------------------|---|
| _____ | Existing <u>New</u> | <u>RC</u> /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 *none*

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?

0 gallons (You must fill this in) *South Business Feb 1999*

(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

- 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.

Estela Esquivia president
Print name of responsible official

Estela Esquivia
Signature

7-20-1999
Date

BEST AVAILABLE COPY

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 10:40 TIME OUT: 11:15 AIRS ID#: 0995577

TYPE OF FACILITY: DRY CLEANING

FACILITY NAME: BEST FOR LESS CLEANERS

FACILITY LOCATION: 23269 South state Road 7 (Road 441)
BOCA Raton, FL 33428

RESPONSIBLE OFFICIAL: Estela Esquivia PHONE NUMBER: 477-0000

REC'D
AUG 23 1999
Bureau of Air Monitoring
Mobile Sources

Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).

Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

| COMPLIANCE REQUIREMENT/PROBLEM | FOLLOW-UP ACTION REQUIRED |
|--------------------------------|---------------------------|
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COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO

DATE OF NEXT INSPECTION: July 2000 (Approximate)

INSPECTION CONDUCTED BY: R. V. Chotshi (Please Print)

INSPECTOR'S SIGNATURE: R. V. Chotshi PHONE NUMBER: 355-3070 EXT 1174

PERCHLOROETHYLENE DRY CLEANERS

Arms

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

AIRS ID#: 0990577 DATE: 7-20-99 TIME IN: 10:40 TIME OUT: 11:15 FACILITY NAME: Best For Less Cleaners FACILITY LOCATION: 23269 S. state Rd 7 (441) Boca Raton, FL 33428 RESPONSIBLE OFFICIAL: Estela Esquivia PHONE: 477-0000 CONTACT NAME: Estela Esquivia PHONE: 477-0000

PART I: NOTIFICATION (check appropriate box) 1. New facility notified DARM 30 days prior to startup [] 2. Facility failed to notify DARM to use general permit []

PART II: CLASSIFICATION Facility indicated on notification form that it is: [X] No notification form Helped help fill out notification form [] Drop store/out of business/petroleum A. 1. Existing small area source [] 2. New small area source [X] 3. Existing large area source [] 4. New large area source [] 5. This is a correct facility classification [X] [] N [] Can not determine If no, please check the appropriate classification: [] facility qualified for a general permit as number above [] facility exceeds above limits and is not eligible for a general permit B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 0 gallons. Became New Business - bought in Feb 1999 Nothing bought in 1999 so far.

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

1. Storing perchloroethylene in tightly sealed and impervious containers? Y N N/A
2. Examining the containers for leakage? Y N N/A
3. Closing and securing machine doors except during loading/unloading? Y N
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? Y N N/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been installed prior to September 22, 1993*

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:
(check appropriate boxes)

1. Equipped all machines with the appropriate vent controls? Y N
2. Equipped dry-to-dry machines with a closed-loop vapor venting system? Y N N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Y N N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? Y N
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? Y N N/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? Y N

B. Has the responsible official of an existing large or new large area source also:

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? Y N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Y N N/A
Is the temperature differential equal to or greater than 20° F? Y N N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Y N N/A
Is the perc concentration equal to or less than 100 ppm? Y N N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? Y N N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? Y N N/A
6. Routed airflow to the carbon adsorber (if used) at all times? Y N N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly total of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
- a. documentation of leaks repaired w/in 24 hrs? or; Y N N/A
 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N N/A
4. Maintained calibration data? (for applicable direct reading instruments) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N N/A
Problem corrected? Y N N/A
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N
2. Has the facility maintained a leak log? Y N
3. Does the responsible official check the following areas for leaks?
- | | | | |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | | |
4. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent on exterior surfaces)
 - Physical detection (airflow felt through gaskets)
 - Odor (noticeable perc odor)
 - Use of direct-reading instrumentation (FID/PID/calorimetric tubes) N/A
 - Halogen leak detector N/A
- If using direct-reading instrumentation, is the equipment:
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N
 - b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N
 - c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
 - d. Kept in a clean and secure area when not in use? Y N
 - e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

Estela Esquivia
Responsible Official's Name
(Please Print)

Estela Esquivia
Responsible Official's Signature

R. V. Chokshi
Inspector's Name (Please Print)

7-20-99
Date of Inspection

R. V. Chokshi
Inspector's Signature

July 2000
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

- | | Yes | NO |
|---|-------------------------------------|--------------------------|
| 1. Secondary Containment for: Dry Cleaning Machine & Storage area | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Waste area | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Spotting area Sealed | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
-
2. Disposal of Water from Water Separator using approved evaporator
- or contracted Wastewater service

MCF picks up the waste
when called

Explained to keep records for
leak check & perc purchase in FDEP
Calendar which I gave them



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0392397

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

RECEIVED
MAIL ROOM
FEB 21 00

Do NOT Remove Label

AIRS ID # 0990577

BEST FOR LESS CLEANERS
ESTELO ESQUIVIA
23269 STATE RD 7 SUITE 115
BOCA RATON FL 33432

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0393183

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

#5890

*refund
dup payment
2/21/00*

Do NOT Remove Label

AIRS ID # 0990577

BEST FOR LESS CLEANERS
ESTELO ESQUIVIA
23269 STATE RD 7 SUITE 115
BOCA RATON FL 33432

Bureau of Air Monitoring
& Mobile Sources

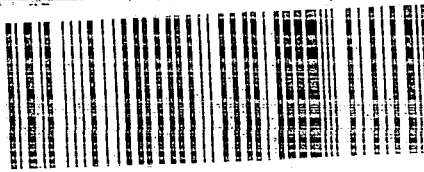
MAR - 8 2000

RECEIVED
MAIL ROOM
MAR - 6 00

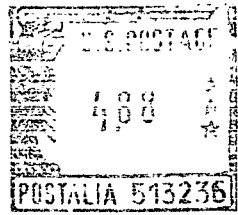
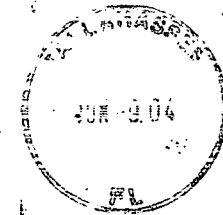
FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

credit

STATE OF FLORIDA
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 MS 5510-37550 304000
 2600 BLAIR STONE ROAD
 TALLAHASSEE FL 32399-2400



Best
 Available
 Copy



7003 0500 0004 0144 6064

7003 0500 0004 0144 6064

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

Recem
 Postmark Here
Jul - Sep 04

AIRS ID # 0990577001AG 10
 BEST FOR LESS CLEANERS
 23269 State Road 7 Suite 115
 BOCA RATON, 33432

PS Form 3800, June 2002 See Reverse for Instructions

RECEIVED
 JUN 17 2004
 Bureau of Air Monitoring
 & Mobile Sources



- INSUFFICIENT ADDRESS
- NO SUCH NUMBER
- UNCLAIMED REFUSED
- ATTEMPTED NOT KNOWN
- NO SUCH STREET
- VACANT
- NO RECEPTACLE
- NOT DELIVERABLE AS
 ADDRESSED-UNABLE
 TO FORWARD

- INSUFFICIENT ADDRESS
- NO SUCH NUMBER
- UNCLAIMED REFUSED
- ATTEMPTED NOT KNOWN
- NO SUCH STREET
- VACANT
- NO RECEPTACLE
- NOT DELIVERABLE AS
 ADDRESSED-UNABLE
 TO FORWARD

ROUTE NO. _____ DATE _____
 CARR/INITIALS _____

AIRS ID # 0990577001AG 10
 BEST FOR LESS CLEANERS
 23269 State Road 7 Suite 115
 BOCA RATON, 33432

20

MLWA

SENDER - COMPLETE THIS SECTION

- Complete items 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 mail piece or on the front if space permits.

1. Article Addressed to:

AIRS ID # 0990577001AG 10
 BEST FOR LESS CLEANERS
 23269 State Road 7 Suite 115
 BOCA RATON, 33432

2. Article Number
 (Transfer from service label)

7003 0500 0004 0144 6064

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

Yes

If YES, enter delivery address below:

No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

Z 333 667 051

2000

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

AIRS ID # 0990577

BEST FOR LESS CLEANERS
ESTELO ESQUIVIA
23269 STATE RD 7 SUITE 115
BOCA RATON FL 33432

PS Form 3800, April 1995

| | |
|---|-----------|
| 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 | |

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 # 0990577

BEST FOR LESS CLEANERS
ESTELO ESQUIVIA
23269 STATE RD 7 SUITE 115
BOCA RATON FL 33432

COMPLETE THIS SECTION ON DELIVERY

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

2-12

C. Signature

X *Estelo*

- 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)

2333667052

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789