

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

July 22, 2002

Mr. Edwin Melendez
On The Spot Cleaners
7451 South Military Trail
Lake Worth, Florida 33463

Re: Facility No.: 0990604-001

Dear Mr. Melendez:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 20, 2002.

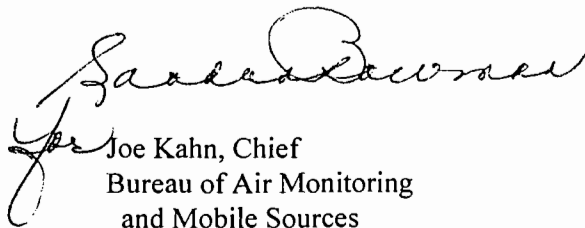
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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

Printed on recycled paper.

0990604

Air Resource Management System - Facility										
AREA	Office *	SEPB	SE: PALM BEACH	County *	PALM BEACH	AIRS ID	0990604	ARMINV01		
Owner/Comp *	CARED OTS IIC				Site	ON THE SPOT CLEANERS				
Directions										
Street	7451 S Military Trail									
City *	LAKE WORTH				Zip	33463				
UTM Zone	East		North		Latitude			Longitude		
Status *	<input type="checkbox"/> ACTIVE	<input checked="" type="checkbox"/> INACTIVE	Maj Group SIC *	72 PERSONAL SERVICES						
Reloc	<input type="checkbox"/> N	Shtdwn Dt		Strt Dt		Final Shtdwn Dt				
Gov Fac *	<input type="checkbox"/> 0 NOT OWNED OR OPERATED BY A FEDERAL, STATE, OR LOCAL GOVE				HAZ Waste Generator ID:	FLD				
AOR Req *	<input type="checkbox"/> N	Ozone SIP Facility *	<input type="checkbox"/> N	Type	<input type="checkbox"/> 10 PCE Drycleaning Facilities					
Compliance Tracking							Current Permit Indicator	<input type="checkbox"/> AG		
Title V	<input type="checkbox"/> TITLE V		non-HAP Class	<input type="checkbox"/> MINOR		HAP Class	<input type="checkbox"/> MINOR			
# of Emis Units	C	<input type="checkbox"/>	A	<input type="checkbox"/>	I	<input type="checkbox"/>	Generator Rating			
Generator Rating	MW									
Comment	Facility closed 5/04, 9/06; Changed to INACTIVE status; facility closed, verified by field inspection requested by D.Dibble.									

Dibble, Dickson

From: Jeffrey_Dizek@doh.state.fl.us
Sent: Friday, September 01, 2006 8:12 AM
To: Ajaya_Satyal@doh.state.fl.us
Cc: Dibble, Dickson
Subject: RE: AIRS ID# 0990604

Dickson,

AIRS # 0990604 is **INACTIVE**. Verified by inspection on 8/31/06. Facility is closed and out of business. Landlord is trying to find another Cleaner to rent the space to.

Please let me know if you need anything else.

Jeff

From: Satyal, Ajaya K
Sent: Thursday, August 31, 2006 9:07 AM
To: 'Dibble, Dickson'
Cc: Bowman, Sandy; Thomas, Bruce X.; Dizek, Jeff
Subject: RE: AIRS ID# 0990604

Thanks, please address me as A.J., no Mr. Satyal.

We will look at this facility and get back with you.

AJ

Jeff Dizek- Could you please investigate this and get back to Mr. Dibble? Thanks.

From: Dibble, Dickson [mailto:Dickson.Dibble@dep.state.fl.us]
Sent: Wednesday, August 30, 2006 11:54 AM
To: Satyal, Ajaya K
Cc: Bowman, Sandy; Thomas, Bruce X.
Subject: AIRS ID# 0990604

Mr. Satyal,

We recently mailed a dry cleaner fact sheet outlining the new EPA D/C rules to all registered dry cleaners in the state. Some of the mail-outs have been returned with various comments such as unknown address, not at this location, not known, insufficient address, no such number, and closed or vacant. To date, we have one (1) of these in the Palm Beach County area.

In this case I called the phone number listed on the ARMS account listing:

CARED OTS INC - ON THE SPOT CLEANERS
AIRS ID# 0990604
7451 S MILITARY TRAIL
LAKE WORTH, FL 33463
(561) 389-0028 (this is a residential phone #)

I talked with JERRY, the husband of the listed R/O MOLLY JACOBS. Mrs. Jacobs had apparently suffered a stroke.

9/1/2006

Some months ago and can no longer talk. He indicated that they were only in the dry cleaning business for approximately ten (10) months, at which time it was sold to another party. While talking with Mr. Jacobs, he also stated that he was at the site location approximately a month ago and noticed that the doors were locked and the business was no longer in operation. His opinion was that he thought the landlord had closed down the business.

Regardless, could you verify whether or not this location is ACTIVE or INACTIVE for me with a site visit? If it is in fact not an operating facility then I will update its status accordingly in ARMS.

Thank you for your assistance.

Sincerely,

Dickson E. Dibble

Dickson E. Dibble

FL Dept of Environmental Protection
Div. of Air Resource Management
Bureau of Air Monitoring & Mobile Sources
Air General Permit Program
(850) 921-9586
SunCom 291-9586
ICG- #345
Dickson.Dibble@dep.state.fl.us

[Spam](#)

[Not spam](#)

[Forget previous vote](#)

0990604-001

Page 15

2.(a) Add number of gallons of perc.
purchased in past 12 months.

Page 16

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

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
JUN 20 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 the 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): Cared OTS Inc.
2. Site Name (For example, plant name or number): On The Spot Cleaners
3. Hazardous Waste Generator Identification Number: 5073 03012
4. Facility Location: Street Address: 7451 S. military trail City: Lake Worth FL. County: Palm Beach Zip Code: 33463
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0990604-001

Responsible Official

6. Name and Title of Responsible Official: Name: Edwin Melendez Title: owner / President
7. Responsible Official Mailing Address: Organization/Firm: Street Address: 7451 S. military trail City: Lake Worth FL. County: Palm Beach Zip Code: 33463
8. Responsible Official Telephone Number: Telephone: (561) 968-9963 Fax: (561) 968-9963

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? [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")
July 2001	Existing <input checked="" type="radio"/> New <input type="radio"/>	<input checked="" type="radio"/> RC <input type="radio"/> CA <input type="radio"/> 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 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?

[_____] gallons (You must fill this in)

(b) If less than 12 months, how many? [11] 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.

Edwin Melendy

Print name of responsible official



Signature

6/11/02

Date



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

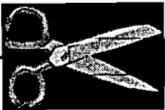
TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

**Title V Air General Permits
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070**



(cut here)

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

Do **NOT** Remove Label

990604
EDWIN MELENDEZ
ON THE SPOT CLEANERS
7451 S MILITARY TRAIL
LAKE WORTH FL 33463

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

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

RETURN TO
SENDER

NO SUFFICIENT ADDRESS
NO SUCH NUMBER
UNCLAIMED REFUSED
ATTEMPTED NOT KNOWN
NO SUCH STREET
VACANT
NO RECEPTACLE
NOT DELIVERABLE AS
ADDRESSED - UNABLE
TO FORWARD - UNABLE
ROUTE NO. *12-5-03*
CARR/INITIALS - DATE



RECEIVED

DEC 09 2003

Bureau of Air Monitoring
& Mobile Sources

990604
EDWIN MELENDEZ
ON THE SPOT CLEANERS
7451 S MILITARY TRAIL
LAKE WORTH FL 33463



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

423473 FEB24 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#0990604

ON THE SPOT CLEANERS
EDWIN MELENDEZ
7451 S MILITARY TRAIL
LAKE WORTH FL
33463

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

RECEIVED
FEB 28 2003
Bureau of Air Monitoring
& Mobile Sources

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

OFFICIAL USE

7000 2870 0000 7027 6026

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

158
Qu
02

Postmark
Here

Total Postage AIRS ID#0990604
Sent To ON THE SPOT CLEANERS
 EDWIN MELENDEZ
Street, Apt. N 7451 S MILITARY TRAIL
 LAKE WORTH FL
City, State, Zi 33463

PS Form 3800, May 2000

See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE
 TO THE RIGHT OF RETURN ADDRESS.
 FOLD AT DOTTED LINE

TE THIS SECTION ON DELIVERY

- 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#0990604

ON THE SPOT CLEANERS
 EDWIN MELENDEZ
 7451 S MILITARY TRAIL
 LAKE WORTH FL
 33463

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

C. Signature *Quis Fly* 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

7000 2870 0000 7027 6026

2. Article Number (Copy from service label)

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 15510
2695 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 10 2003

RECEIVED

32399/2400



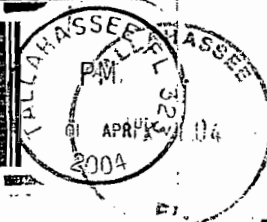
MS# _____ MC Acct # _____ 5510 5521

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

CERTIFIED MAIL



7001 1140 0001 755



POSTALIA 512720

- Rt. # _____
 Carr. Init. _____
 Date _____
- Not Deliverable As Addressed
 - Unable To Forward
 - Insufficient Address
 - Moved, Left No Address
 - Unclaimed Refused
 - Attempted-Not Known
 - No Such Street Number
 - Vacant Illegible
 - No Mail Receipt
 - Box Closed-No Return
 - Returned For Delivery
 - Postage

ON THE SPOT CLEANERS
EDWIN MELENDEZ
7451 S MILITARY TRAIL
LAKE WORTH, FL 33463

MWR

AIDC ID # 000626

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:

AIR S ID # 990004
 ON THE SPOT CLEANERS
 EDWIN MELENDEZ
 7451 S MILITARY TRAIL
 LAKE WORTH, FL 33463
 AIR S ID # 000626

2. Article Number:
 (Trail) 7001 1140 0001 7556 3296

PS Form 3811, August 2001 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X

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

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

OFFICIAL USE

Postage \$	\$03 Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	

AIR S ID # 990004
 ON THE SPOT CLEANERS
 EDWIN MELENDEZ
 7451 S MILITARY TRAIL
 LAKE WORTH, FL 33463
 #0990604
 AIR S ID # 000626

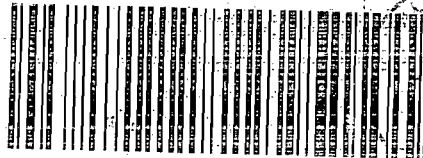
PS Form 3800, January 2001 See Reverse for Instructions

7001 1140 0001 7556 3296

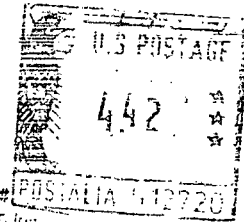
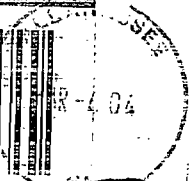
MS# 5510 MC Acct # 5521

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

CERTIFIED MAIL



7003 0500 0004 0144 8228



RI #
Carri. In
Date

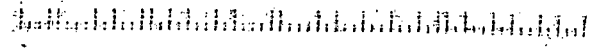
- Not Deliverable As Addressed
- Unable To Forward
- Incorrect Address
- Moved, Left No Address
- Undelivered - Refused
- Attempted - No Answer
- No Such Street
- Vacant
- No Mail Recd.
- Box Closed
- Returned For
- Postage Due

*RIS
ALCANTARA*

RECEIVED
MAR 15 2001

EDWIN MIRENDEZ
ON THE SPOT CLEANERS
451 S. MILITARY TRAIL
LAKE WORTH, FL 33463

7003 0500 0004 0144 8228



Best Available Copy

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 # 990604
 EDWIN MELENDEZ
 ON THE SPOT CLEANERS
 745 S MILITARY TRAIL
 LAKE WORTH, FL 33463

2. Article Number

7003 0500 0004 0144 8228

PS Form 3800, August 2001

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 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

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)	

2nd Cl
 Postmark Here
 2003

Total P: EDWIN MELENDEZ
 Sent To: ON THE SPOT CLEANERS
 Street, or PO Box: 745 S MILITARY TRAIL
 City, State: LAKE WORTH, FL 33463

PS Form 3800, June 2002 See Reverse for Instructions

7003 0500 0004 0144 8228

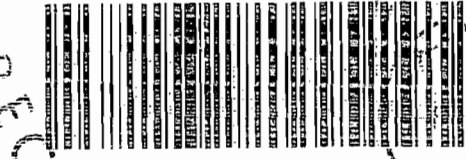
CERTIFIED MAIL

MS# 5510 MC Acct # 5521

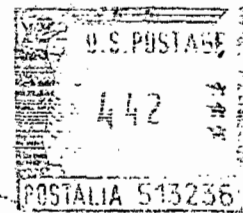
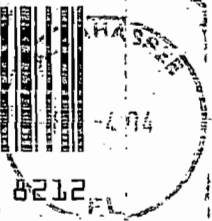
Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee FL 32399-2400

Bureau of Air Monitoring
& Mobile Sources

RECEIVED
FEB 9 2004



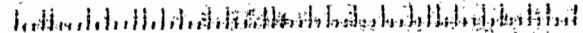
7009 2260 0003 5650 8212



ID# 990604
EDWIN MELENDEZ
ON THE SPOT CLEANERS
7451 S. MILITARY TRAIL
LAKE WORTH, FL 33463

NO SUCH NUMBER
UNCLAIMED
ATTEMPTED NOT DELIVERED
NO SUCH STREET
VACANT
NO HEADSTAMP
NOT DELIVERABLE TO
RESIDENTIAL UNDELIVERABLE
ADULT NO INITIALS DATE

001 2 2 001



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature: <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: ID# 990604 EDWIN MEELENDEZ ON THE SPOT CLEANERS 7451 S MILITARY TRAIL LAKE WORTH, FL 33463		B. Received by (<i>Printed Name</i>): _____ C. Date of Delivery: _____ D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number: (Transfer from service label)		3. Service Type: <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.	
4. Restricted Delivery? (Extra Fee)		<input type="checkbox"/> Yes	
PS Form 3811, August 2001		Domestic Return Receipt	
		7003 2260 0003 5650 8212	
		102595-02-M-1540	

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)		

Postmark Here

1 ID# 990604
 EDWIN MELENDEZ
 ON THE SPOT CLEANERS
 7451 S MILITARY TRAIL
 LAKE WORTH, FL 33463

PS Form 3800, June 2002 See Reverse for Instructions

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