

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

February 18, 2002

Mr. Sam Diana
Royal Cleaners
2936 Shannon Circle
Palm Harbor, Florida 34684

Re: Facility No.: 1030417-002

Dear Mr. Diana:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 16, 2002.

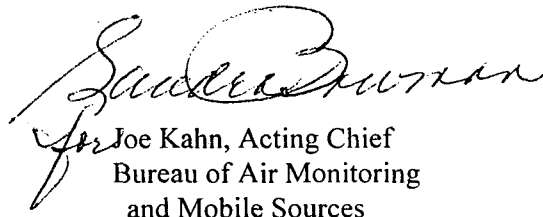
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

JK/jw

cc: Mr. Gary Robbins, Pinellas County

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

Printed on recycled paper.

Fees Paid 98-00

SOC 5

Comp. IN

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitoring
& Mobile Sources

JAN 16 2002

RECEIVED

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): Sam & Rosie Inc.
2. Site Name (For example, plant name or number): Royal Cleaners
3. Hazardous Waste Generator Identification Number: CESQC
4. Facility Location: Street Address: 35230 US Hwy 19 N. City: Palm Harbor County: Pinellas Zip Code: 34684
5. Facility Identification Number (DEP Use ONLY - do not fill in): 1030417-002

Responsible Official

6. Name and Title of Responsible Official: Name: Sam Diana Title: Pres.
7. Responsible Official Mailing Address: Organization/Firm: Street Address: 2936 Shannon Circle City: Palm Harbor County: Pinellas Zip Code: 34684
8. Responsible Official Telephone Number: Telephone: (727) 785 8330 Fax: () -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
10. Facility Contact Address: Street Address: 35230 US Hwy 19 City: Palm Harbor County: Pinellas Zip Code: 34684
11. Facility Contact Telephone Number: Telephone: (727) 785 8330 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")
11-11-00	Existing/New	RC/CA/None required	Same
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

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

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site? [_____]

How many dryers/reclaimers do you have on-site? [_____]

If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a **NEW** unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information:

Date Initially Purchased 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?

[41] gallons (You must fill this in)

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

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

New store: [_____] New machine [_____]

Unopened store [_____] (date of expected opening _____)

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".)

- | | |
|--|--|
| <u>Existing machines at small area source</u>
(NONE REQUIRED) <input type="checkbox"/> | <u>New machines at small area source</u>
Refrigerated condenser <input checked="" type="checkbox"/> |
| <u>Existing machines at large area source</u>
Carbon adsorber <input type="checkbox"/>
Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u>
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).

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.

Sam Diana

Print name of responsible official

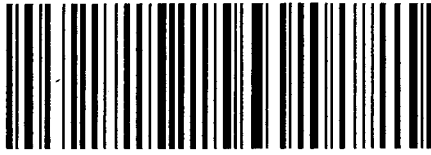
Sam Diana
Signature

1-14-02
Date

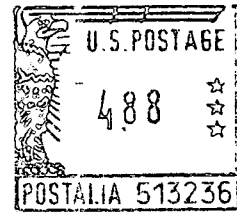
STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
MS 5510-37550 304000
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32399-2400

5510

5521



7000 0520 0020 9373 1807



RETURN TO SENDER
REASON CHECKED
Declined _____
Refused _____
Attempted-Not known _____
Insufficient Address _____
No such street _____
No such office in state _____
Do not return in this envelope

RECEIVED

JAN 09 2003

Bureau of Air Monitoring
& Mobile Sources

10 AIRS ID # 1030417001AG
SAM DIANA
ROYAL CLEANERS
2936 SHANNON CIRCLE
PALM HARBOR FL 34684

NAME [Signature]
1st Notice [Signature]
2nd Notice 12-19
Return 12-27-02

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

7000 0520 0020 9373 1807

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

Receipt
 Postmark Here

Recipient 10 AIRS ID # 1030417001AG
 SAM DIANA
Street, Apt ROYAL CLEANERS
 2936 SHANNON CIRCLE
City, State, PALM HARBOR FL 34684

PS Form 3811, February 2000
 TO THE RIGHT OF RETURN ADDRESS
 PLACE STICKER AT TOP OF ENVELOPE

COMPLETE 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.

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

C. Signature X Agent
 Addressee

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

1. Article Addressed to:

10 AIRS ID # 1030417001AG
 SAM DIANA
 ROYAL CLEANERS
 2936 SHANNON CIRCLE
 PALM HARBOR FL 34684

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

70000520002043731807

4. Restricted Delivery? *(Extra Fee)* Yes

2. Article Number *(Copy from service label)*



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

424827 MAR 5 2003

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

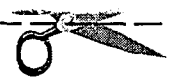
TOTAL AMOUNT DUE: \$50.00

RECEIVED
MAR 10 2003
Bureau of Air Monitoring
& Mobile Sources

Do **NOT** Remove Label

AIRS ID#1030417
ROYAL CLEANERS SAM DIANA 2936 SHANNON CIRCLE PALM HARBOR FL 34684

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



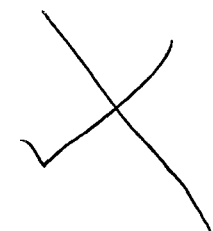
THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

437442 MAR 8 2004

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

59-3467854

TOTAL AMOUNT DUE: \$50.00



Do **NOT** Remove Label

AIRS ID#1030417
ROYAL CLEANERS SAM DIANA 2936 SHANNON CIRCLE PALM HARBOR FL 34684

RECEIVED
MAR 12 2004
Bureau of Air Monitoring
& Mobile Sources

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

448519 MAR 7 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# 1030417 1stC ROYAL CLEANERS 35230 US Hwy 19 N PALM HARBOR, FL 34684

Printed on recycled paper.

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

RECEIVED
 MAR 9 2005
 Air Monitoring
 & Mobile Sources

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

458129 JAN 17 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

1030417 10 ROYAL CLEANERS 35230 US Hwy 19 N PALM HARBOR, FL 34684
--

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

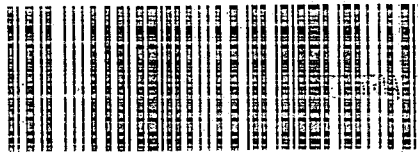
RECEIVED
 JAN 17 2006
 Air Monitoring
 & Mobile Sources

5510

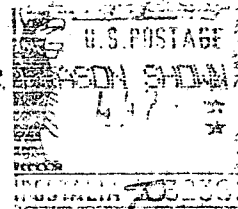
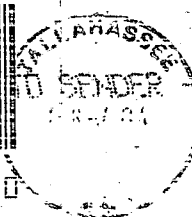
5521

CERTIFIED MAIL

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



7003 2260 0003 5650 9950



AC5521

BAMMS/BCD
JOEY ROBERTS
5510

RETURNED TO SENDER
UNCLASIFIED

ID# 1030417
SAM DIANA
ROYAL CLEANERS
2936 SHANNON CIRCLE
PALM HARBOR, FL 34684

Bureau of Air Monitoring
& Mobile
1st Name Sam Diana
2nd Name 2/1
Return 2/23

FEB 27 2004

RECEIVED

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:

ID# 1030417
 SAM DIANA
 ROYAL CLEANERS
 2936 SHANNON CIRCLE
 PALM HARBOR, FL 34684

2. Article Number

(Transfer from service label)

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

7003 2260 0003 5650 9950

PS Form 3811, August 2001

Domestic Return Receipt

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)	

[Handwritten Signature]
 Postmark Here

Total Postage, ID# 1030417
 SAM DIANA
 Sent To ROYAL CLEANERS
 2936 SHANNON CIRCLE
 Street, Apt. No., or PO Box No. PALM HARBOR, FL 34684
 City, State, ZIP+

PS Form 3800, June 2002

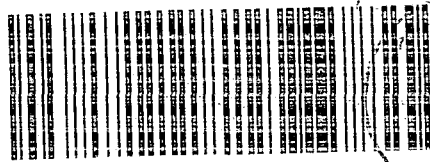
See Reverse for Instructions

0566 0595 0000 0922 0007

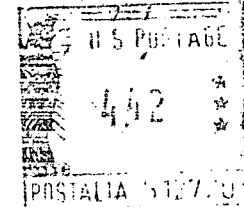
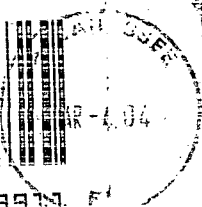
MS# 5510 MC Acct # 5521

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

CERTIFIED MAIL



7003 0500 0004 0144 9901 FL



RECEIVED

MAR 2 1984

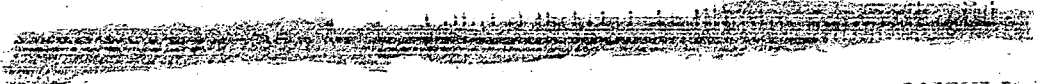
Bureau of Air Monitoring
& Mobile Sources

Handwritten notes:
PAGE 3-11
Post Notice 3-12
Notice 3-21



AIRMAIL #1050417

SAM DIANA
ROYAL GLEANERS
2936 SHANNON CIRCLE
PALM HARBOR, FL 34684



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 type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: <div style="text-align: right;">AIRS ID # 1030417</div> SAM DIANA ROYAL CLEANERS 2936 SHANNON CIRCLE PALM HARBOR, FL 34684		B. Received by (Printed Name): _____ 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		7003 0500 0004 0144 9911	

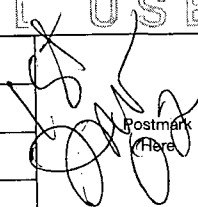
PS Form 3811, August 2001

Domestic Return Receipt

102595 02 M 15401

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
<i>(Domestic Mail Only, No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$	<i>2nd cert.</i> Postmark Here 2003
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
AIRS ID # 1030417	
1	SAM DIANA
2	ROYAL CLEANERS
3	2936 SHANNON CIRCLE
4	PALM HARBOR, FL 34684
PS Form 3800, June 2002	
See Reverse for Instructions	

7003 0500 0004 0144 9911

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	
<p style="text-align: right;">AIRS ID#1030417</p> <p>Sent To ROYAL CLEANERS SAM DIANA</p> <p>Street, Apt. No or PO Box No. 2936 SHANNON CIRCLE</p> <p>City, State, ZIP PALM HARBOR FL 34684</p>	
PS Form 3800	

7001 0320 0001 7976 6782

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#1030417

ROYAL CLEANERS
SAM DIANA
2936 SHANNON CIRCLE
PALM HARBOR FL
34684

2 Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

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

2/21/03

C. Signature

X *Nella Diana* 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

7001 0320 0001 7976 6782

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

U.S. DEPARTMENT OF AIR MONITORING
& MOBILE SOURCES

FEB 10 2003

RECEIVED



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

7001 0320 0001 7976 7598

OFFICIAL USE

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

032003
Dianna
 Postmark Here

AIRS ID#1030417

ROYAL CLEANERS
 SAM DIANA
 2936 SHANNON CIRCLE
 PALM HARBOR FL
 34684

PS Form 3800, January 2001

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#1030417

ROYAL CLEANERS
 SAM DIANA
 2936 SHANNON CIRCLE
 PALM HARBOR FL
 34684

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Dianna Diana* Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

3/8/03

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)

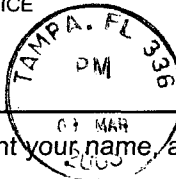
Yes

2 Article Number

(Transfer from service)

7001 0320 0001 7976 7598

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

MAR 11 2003

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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# 1030417 1stC

Sent To ROYAL CLEANERS

Street, Apt. No. or PO Box No. 35230 US Hwy 19 N

City, State, Zip PALM HARBOR, FL 34684

PS Form 3800

7004 2510 0002 3939 0775

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# 1030417 1stC
 ROYAL CLEANERS
 35230 US Hwy 19 N
 PALM HARBOR, FL 34684

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

X V. D.

B. Received by (*Printed Name*)

C. Date of Delivery

2/7/15

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

7004 2510 0002 3939 0775

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

FEB 19 2005

RECEIVED

U.S. Postal Service™											
CERTIFIED MAIL™ RECEIPT											
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>											
For delivery information visit our website at www.usps.com ®											
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<table border="1"> <tr> <td>Postage</td> <td>\$</td> </tr> <tr> <td>Certified Fee</td> <td></td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Restricted Delivery Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Total Postage & Fees</td> <td>\$</td> </tr> </table>	Postage	\$	Certified Fee		Return Receipt Fee (Endorsement Required)		Restricted Delivery Fee (Endorsement Required)		Total Postage & Fees	\$	Postmark Here
Postage	\$										
Certified Fee											
Return Receipt Fee (Endorsement Required)											
Restricted Delivery Fee (Endorsement Required)											
Total Postage & Fees	\$										
Sent To AIRS ID#1.03042e+006.....2 nd Cert 05 ROYAL CLEANERS Street, Apt. No., or PO Box No. 35230 US Hwy 19 N PALM HARBOR, FL 34684 City, State, ZIP+4											
PS Form 3800, July 2002											

SENDER: COMPLETE THIS SECTION <ul style="list-style-type: none"> 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. <p>1 Article Addressed to:</p> <p style="text-align: center; font-size: 1.5em;">1030417</p> <div style="border: 1px solid black; padding: 5px;"> AIRS ID#1.03042e+006.....2nd Cert 05 ROYAL CLEANERS 35230 US Hwy 19 N PALM HARBOR, FL 34684 </div> <p>2 Article Number (Transfer from service label)</p>	COMPLETE THIS SECTION ON DELIVERY <p>A. Signature <input checked="" type="checkbox"/> <i>Rosalia Deane</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ Date of Delivery <u>3-5-05</u></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 <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>
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