



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

November 15, 1996

Mr. Frederick E. Wiley
President
Nifty Cleaners and Laundry
4422 Market Street
Marianna, Florida 32446

Re: Facility I.D. No. 0630050

Dear Mr. Wiley:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 3, 1996.

Please note that in November 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. Charles Norman, Northwest District

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

0630050

P. 14

1. (c) should not be marked

3. new small area
source should be
marked

P. 15

4. new small r. c.
should be marked

(c) + (f) should be
marked

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): Fred G. Wiley Inc.
2. Site Name (For example, plant name or number): Nifty Cleaners & Laundry
3. Hazardous Waste Generator Identification Number: FLD 032451965
4. Facility Location: Street Address: 4422 MARKET ST. City: MARIANNA County: JACKSON Zip Code: 32446
5. Facility Identification Number (DEP Use): 0630050

Responsible Official

6. Name and Title of Responsible Official: Frederick E. Wiley, President
7. Responsible Official Mailing Address: Organization/Firm: Nifty Cleaners & Laundry Street Address: P.O. Box 283 City: MARIANNA County: JACKSON Zip Code: 32447
8. Responsible Official Telephone Number: Telephone: (904) 482-2825 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: City: County: Zip Code:
11. Facility Contact Telephone Number: Telephone: () - Fax: () -

RECEIVED
SEP 3 1996
Bureau of Air Monitoring
& Mobile Sources

Facility Information

1.(a) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>		<i>#1 03-OCT-93</i>	<i>12-NOV-93</i>		<i>#2 08-DEC-91</i>			<i>#3 02-MAR-92</i>	<i>02-MAR-92</i>
Dry-to-Dry Unit									
(1) w/ ref. condenser		<i>#1 01-Dec-97</i>	<i>01-Dec-97</i>						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?

108 gallons

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

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

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.)

Existing small area source

New small area source

Existing large area source

New large area source

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

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New 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:

All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.

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

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

(b) Leak detection inspection and repair

(c) Refrigerated condenser temperature monitoring

(d) Carbon adsorber exhaust perc concentration monitoring

(e) Instrument calibration

(f) Start-up, shutdown, malfunction plan

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) _____

No 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.

Fredrick E. Wiley
Signature

8-28-96
Date

all

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

JAN 29 1998

RECEIVED

AIRS ID#0630050

FRED G WILEY INC
 FREDERICK E WILEY
 PO BOX 283
 MARIANNA FL 32447

Bureau of Air Monitoring
& Mobile Sources

Do NOT Remove Label

Annual Reporting Period: 1-1 1998 TO 12-31 1998

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

As the responsible official, 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, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to-dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: Fred E. Wiley Fred E Wiley 1-22-98
 Name (Please Print) Signature Date

*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

CORRECTED 3/8/01
Perchloroethylene Dry Cleaning Facility Notification

RECEIVED
MAR 12 2001
Bureau of Air Monitoring
& Mobile Sources

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner): Fred G. Wiley Inc.
2.	Site Name (For example, plant name or number): Nifty Cleaners & Laundry
3.	Hazardous Waste Generator Identification Number: FLD 032451965
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5.	Facility Identification Number (DEP Use): 0630050

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6.	Name and Title of Responsible Official: Frederick E. Wiley, President
7.	Responsible Official Mailing Address: Organization/Firm: Nifty Cleaners & Laundry Street Address: P.O. Box 283 City: MARIANNA County: JACKSON Zip Code: 32447
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9.	Name and Title of Facility Contact (For example, plant manager):
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RECEIVED
SEP 3 1996
Bureau of Air Monitoring
& Mobile Sources

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Dry-to-Dry Unit									
(1) w/ ref. condenser	#1	01-Dec-94	01-Dec-94						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
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(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
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(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed 3/8/01 JW

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?

[108] gallons

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

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

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.)

Existing small area source

New small area source

3/8/01 JW

Existing large area source

New large area source

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

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser 3/08/01 DW

New 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:

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Equipment Monitoring and Recordkeeping Information

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- (c) Refrigerated condenser temperature monitoring 3/08/01 DW
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Instrument calibration
- (f) Start-up, shutdown, malfunction plan 3/08/01 DW

No
INSP

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

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

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

Frederick E. Wiley

3/08/01

Frederick E. Wiley

8-28-96

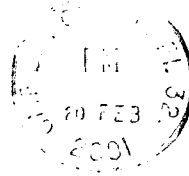
Signature

Date

U.S. Postal Service CERTIFIED MAIL RECEIPT <i>(Domestic Mail Only. No Insurance Coverage Provided)</i>	
Postmark Here	
Postage \$	
Certified Fee	
Return Receipt Fee <small>(Endorsement Required)</small>	
Restricted Delivery Fee <small>(Endorsement Required)</small>	
AIRS ID # 0630050	
Total P NIFTY CLEANERS & LAUNDRY	
Recipient	FREDERICK E WILEY
Street, A	PO BOX 283
City, Sta	MARIANNA FL 32447
<small>PS Form 3800, February 2000 See Reverse for Instructions</small>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<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>A. Received by <i>(Please Print Clearly)</i> B. Date of Delivery 03-05-01</p> <p>C. Signature X <i>Frederick E Wiley</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to: AIRS ID # 0630050 NIFTY CLEANERS & LAUNDRY FREDERICK E WILEY PO BOX 283 MARIANNA FL 32447</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>2. Article Number <i>(Copy from service label)</i> 7000 0600 0026 4125 9116</p>	<p>4. Restricted Delivery? <i>(Extra Fee)</i> <input type="checkbox"/> Yes</p>
<p>PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789</p>	

NIFTY CLEANERS
4122 MARKET STREET
P.O. BOX 283
MARIANNA, FL 32447



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

Nifty Cleaners & Laundry / Maritex Uniform Service

1436

Department of Environmental Protection			2/19/2001			
Date	Type	Reference	Original Amt.	Balance Due	Discount	Payment
01/23/2001	Bill		50.00	50.00		50.00
				Check Amount		50.00

CHECKING

AIRS ID #0630050

50.00

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.

Feb 15 due date

405853 FEB 21 2001

TOTAL AMOUNT DUE: \$50.00

RECEIVED
FEB 23 2001
Bureau of Air Monitoring
& Mobile Sources

Do NOT Remove Label

AIRS ID # 0630050

NIFTY CLEANERS & LAUNDRY
FREDERICK E WILEY
PO BOX 283
MARIANNA FL 32447

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EQ3A1
Fund: 20-2-035001
Obj.: 002273

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

7000 0600 0026 7825 6096

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

AIRS ID # 0630050

Recipient: NIFTY CLEANERS & LAUNDRY
 FREDERICK E WILEY
 PO BOX 283
 MARIANNA FL 32447

PS Form 3811, July 1999

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<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>A. Received by (Please Print Clearly) _____ B. Date of Delivery _____</p> <p>C. Signature <i>Maria Lawler</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, enter delivery address below: _____</p>
<p>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID # 0630050</p> <p>NIFTY CLEANERS & LAUNDRY FREDERICK E WILEY PO BOX 283 MARIANNA FL 32447</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input checked="" type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Copy from service label) 7000 0600 0026 7825 6096</p>	<p style="text-align: center; font-size: large; font-weight: bold;">RECEIVED FEB 08 2001</p>
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789	



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

413015 JAN14 2002 X

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 # 0630050
NIFTY CLEANERS & LAUNDRY
FREDERICK E WILEY
PO BOX 283
MARIANNA FL
32447

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

Z 210 663 203

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.

10 AIRS ID # 0630050001AG
 FREDERICK E WILEY
 NIFTY CLEANERS & LAUNDRY
 PO BOX 283
 MARIANNA FL 32447

PS Form 3800, April 1995

Postage	\$
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	

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

Article Sent To:
 2210 663 203 (OLD)

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

Name (Please Print Clearly) (to be completed by mailer)
 Frederick Wiley
 Street, Apt. No., or PO Box No.
 #0630050001AG
 City, State, ZIP+4

PS Form 3800, July 1999 See Reverse for Instructions

7000 0600 0021 2827 7084

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 Marie Lowell 6-11

C. Signature
 x Marie Lowell Agent Addressee

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

JUN 12 2001
 Bureau of Air Monitoring & Mobile Sources

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)
 2-210-663-203 7000 0600 0021 2827 7084

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

421995 JAN21 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 *W*

Do **NOT** Remove Label

AIRS ID#0630050
NIFTY CLEANERS & LAUNDRY
FREDERICK E WILEY
PO BOX 283
MARIANNA FL
32447

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

Bureau of Air Monitoring
& Mobile Source

JAN 24 2003

FRED G. WILEY, INC.

22668

Department of Environmental Protection
12/07/1999 Bill #

2/22/2000

50.00

CHECKING

AIRS ID #0630050

50.00

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0392540

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 # 0630050

NIFTY CLEANERS & LAUNDRY
FREDERICK E WILEY
PO BOX 283
MARIANNA FL 32447

Bureau of Air Monitoring
& Mobile Sources

FEB 25 2000

RECEIVED

FEB 23 00

RECEIVED
MAIL ROOM

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

Vendor ID: DEPT ENVIRON Vendor name: DEPT OF ENVIRONMENTAL PR

18396

Invoice No.	Reference	Date	Inv Amt	Amt Paid	Disc Taken	Net Amt
V-AIR PERMIT	YRLY PERMIT	12/21/98	50.00	50.00	0.00	50.00

Net Check Amount						50.00

AIRS ID#

0630050

0357917

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

NIFTY CLEANERS & LAUNDRY
 FREDERICK E WILEY
 PO BOX 283
 MARIANNA FL 32447

AIRS ID # 0630050

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

RECEIVED
 MAIL ROOM
 JAN 20 99

Vendor ID: DEPT ENVIRON Vendor name: DEPT OF ENVIRONMENTAL PR

13265

Invoice No.	Inv Date	Inv Amt	Amt Paid	Disc Taken	Cred Taken	Net Amt
1997 AIR PER	01/10/97	50.00	50.00	0.00	0.00	50.00
Net Check Amount						50.00

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

258554

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

RECEIVED
MAIL ROOM

JAN 21 97

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

FRED G WILEY INC
FREDERICK E WILEY
PO BOX 283
MARIANNA FL 32447

AIRS ID# 0630050

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

Vendor ID: DEPT ENVIRON Vendor name: DEPT OF ENVIRONMENTAL PR

15932

Invoice No.	Inv Date	Inv Amt	Amt Paid	Disc Taken	Cred Taken	Net Amt
AIR PERMIT	01/21/98	50.00	50.00	0.00	0.00	50.00
Net Check Amount						50.00

AIRS ID# 0630050

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING ✓

300968

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

RECEIVED
MAIL ROOM

TOTAL AMOUNT DUE: \$50.00 JAN 27 98

Do **NOT** Remove Label

FRED G WILEY INC
 FREDERICK E WILEY
 PO BOX 283
 MARIANNA FL 32447

AIRS ID#0630050

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

Z 333 667 117

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to

AIRS ID # 0630050

NIFTY CLEANERS & LAUNDRY
FREDERICK E WILEY
PO BOX 283
MARIANNA FL 32447

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	

Fold at line over top of envelope to the right of the return address

Is your RETURN ADDRESS completed on the reverse side?

- 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):

- Addressee's Address
- Restricted Delivery

consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 0630050

NIFTY CLEANERS & LAUNDRY
FREDERICK E WILEY
PO BOX 283
MARIANNA FL 32447

4a. Article Number

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *Frederick E Wiley*

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

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.
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AIRS ID # 0630050

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 PO BOX 283
 MARIANNA FL 32447

2. Article Number (Copy from service label)

Z 094 212 774

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

By

2-26-00

C. Signature

X Marie Rowell

- 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

Z 094 212 774

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

AIRS ID # 0630050

NIFTY CLEANERS & LAUNDRY
 FREDERICK E WILEY
 PO BOX 283
 MARIANNA FL 32447

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	