

Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

July 26 2001

Mr. Rene A. Gonzalez  
Miller Drive Dry Cleaners  
and Laundry, Inc.  
6725 Southwest 56 Street  
Miami, Florida 33155

Re: Facility No.: 0250702-002

Dear Mr. Gonzalez:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 22, 2001.

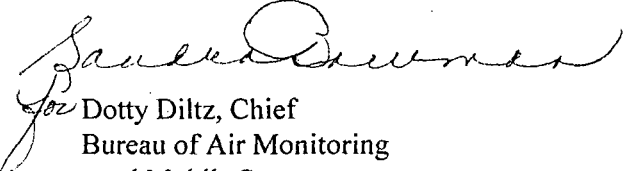
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"More Protection, Less Process"

Printed on recycled paper.

0250702-002

P15

1(a) None required should be circled  
under Control Device Required.

Date Control Device Installed should be  
Blanks.

P16

6(c) Not Required Markout & initial

(d) Not Required Markout and initial

P17

Responsible official sign and date for  
changes made.



PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitoring  
& Mobile Sources

JUN 22 2001

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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): MILLER DRIVE DRY CLEANERS AND LAUNDRY, INC.
2. Site Name (For example, plant name or number): SAME AS ABOVE
3. Hazardous Waste Generator Identification Number: FLDCESQG
4. Facility Location: Street Address: 6725 S.W. 56TH STREET City: MIAMI County: DADE Zip Code: 33155
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0250402-002

Responsible Official

6. Name and Title of Responsible Official: Name: RENE A. GONZALEZ Title: PRESIDENT
7. Responsible Official Mailing Address: Organization/Firm: MILLER DRIVE DRY CLEANERS & LAUNDRY. Street Address: 6725 S.W. 56TH STREET City: MIAMI County: DADE Zip Code: 33155
8. Responsible Official Telephone Number: Telephone: (305) 661-1770 Fax: ( - ) -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): HECTOR A. GONZALEZ (PLANT MANAGER)
10. Facility Contact Address: Street Address: 6725 S.W. 56TH STREET City: MIAMI County: DADE Zip Code: 33155
11. Facility Contact Telephone Number: Telephone: (305) 661-1770 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")
08-DEC-91	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?**

[ 100 ] 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".)

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:  AT 20 HP

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:

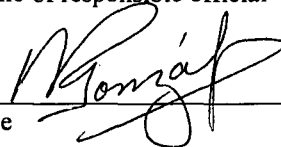
- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are  
ID # 0250702001 AG
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

**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.*

RENE A. Gonzalez  
Print name of responsible official

  
Signature

6/18/2001  
Date



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

423761 FEB26 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#0250702  
MILLER DR DRY CLEANERS & LAUNDRY IN  
RENE A GONZALEZ  
6725 SW 56YH STREET  
MIAMI FL  
33155

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

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FEB 28 2003  
Riv. Ju. J. Air Monitoring  
& Mobile Sources



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

436686 FEB20 2004

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

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

ID# 250702  
RENE GONZALEZ  
MILLER DRIVE DRY CLEANERS AND  
LAUNDRY IN  
6725 SW 56YH STREET  
MIAMI, FL 33155

~~X~~  
Bureau of  
& Mobile  
Services  
FOR GOVERNMENT USE ONLY  
Org.: 37550101000  
Fund: 20-2-03500  
Obj.: 002273

FEB 20 2004

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

414837 MAR 4 2002

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** X

Do **NOT** Remove Label

AIRS ID # 0250702  
MILLER DR DRY CLEANERS & LAUNDRY  
RENE A GONZALEZ  
6725 SW 56YH STREET  
MIAMI FL  
33155

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

448101 MAR 22005

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# 250702 1stC  
MILLER DRIVE DRY CLEANERS AND  
LAUNDRY IN  
6725 SW 56 Street  
MIAMI, FL 33155

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

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MAR 7 2005  
Bureau of Air Monitoring  
& Mobile Sources

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

459242 FEB242006

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# 250702 1st  
MILLER DRIVE DRY  
CLEANERS AND LAUNDRY IN  
6725 SW 56 Street  
MIAMI, FL 33155

Bureau of  
& Missile Sources  
Air Monitoring

FEB 27 2006

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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

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Received by (Please Print Clearly) <b>G. GONZALEZ</b> B. Date of Delivery <b>3/8</b></p> <p>C. Signature <b>X</b> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</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>1. Article Addressed to:</p> <p>AIRS ID # 0250702</p> <p>MILLER DRIVE DRY CLEANERS AND LAUNDRY IN RENE A GONZALEZ 6725 SW 56<sup>TH</sup> STREET MIAMI FL 33155</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><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 7001 0320 0001 7976 1565</p>	
<p>PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789</p>	

<b>U.S. Postal Service</b> <b>CERTIFIED MAIL RECEIPT</b> <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>											
<b>OFFICIAL USE</b>											
<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><b>Total Postage &amp; Fees</b></td> <td>\$</td> </tr> </table>	Postage	\$	Certified Fee		Return Receipt Fee (Endorsement Required)		Restricted Delivery Fee (Endorsement Required)		<b>Total Postage &amp; Fees</b>	\$	<p>Postmark Here</p>
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Restricted Delivery Fee (Endorsement Required)											
<b>Total Postage &amp; Fees</b>	\$										
<p>AIRS ID # 0250702</p> <p>Se MILLER DRIVE DRY CLEANERS AND  St LAUNDRY IN  or RENE A GONZALEZ  Ci 6725 SW 56<sup>TH</sup> STREET  MIAMI FL 33155</p> <p>for Instructions</p>											

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	<b>CERTIFIED MAIL™ RECEIPT</b>	
	<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
	For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
	<b>OFFICIAL USE</b>	
Postage \$		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		
AIRS ID#0250702.....2 <sup>nd</sup> Cert 05		
Sent To	MILLER DRIVE DRY CLEANERS AND	
	LAUNDRY IN	
Street, or PO B	6725 SW 56 Street	
City, St	MIAMI, FL 33155	
PS Form		ctions

<b>SENDER: COMPLETE THIS SECTION</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Patricia</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <input checked="" type="checkbox"/> <i>Patricia</i></p> <p>C. Date of Delivery  <input checked="" type="checkbox"/> <i>3/4/05</i></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>1. Article Addressed to:</p> <p>AIRS ID#0250702.....2<sup>nd</sup> Cert 05  MILLER DRIVE DRY CLEANERS AND  LAUNDRY IN  6725 SW 56 Street  MIAMI, FL 33155</p>	<p>3. Service Type</p> <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>2. Article Number  <i>(Transfer from service label)</i></p> <p style="text-align: center;">7004 2510 0002 3939 3073</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2800 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

• Air Monitoring  
• Mobile Sources

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For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a> ®									
<b>OFFICIAL USE</b>									
<table border="1"> <tr> <td style="width: 50%;">Postage</td> <td style="width: 50%;">\$</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> </table>	Postage	\$	Certified Fee		Return Receipt Fee (Endorsement Required)		Restricted Delivery Fee (Endorsement Required)		Postmark Here
Postage	\$								
Certified Fee									
Return Receipt Fee (Endorsement Required)									
Restricted Delivery Fee (Endorsement Required)									
AIRS ID# 250702 1stC MILLER DRIVE DRY CLEANERS AND LAUNDRY IN 6725 SW 56 Street MIAMI, FL 33155									
<small>PS Form 3800, June 2002</small>									

<p><b>SENDER: COMPLETE THIS SECTION</b></p> <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">         AIRS ID# 250702 1stC          MILLER DRIVE DRY CLEANERS AND          LAUNDRY IN          6725 SW 56 Street          MIAMI, FL 33155       </div> <p>2. Article Number (Transfer from service label)</p>	<p><b>COMPLETE THIS SECTION ON DELIVERY</b></p> <p>A. Signature  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)          Patricia Gonzalez</p> <p>C. Date of Delivery          07/10/05</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>
7004 2510 0002 3938 6754	
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540	



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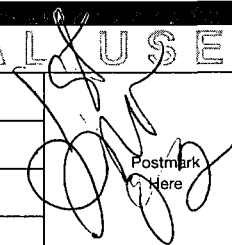
• Sender: Please print your name, address, and ZIP+4 in this box •

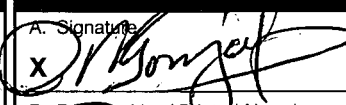
BUR. OF AIR MONITORING & MOBILE SOURCES  
DEPT. OF ENVIRONMENTAL PROTECTION  
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2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitor  
& Mobile Sources

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Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total P</b>	AIRS ID#0250702
Sent To <b>MILLER DR DRY CLEANERS &amp; LAUNDRY IN RENE A GONZALEZ</b>	
Street, or PO Box <b>6725 SW 56YH STREET</b>	
City, State <b>MIAMI FL 33155</b>	
PS Form 3811, August 2001	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/>  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) <input checked="" type="checkbox"/> <b>RENE A. GONZALEZ</b> C. Date of Delivery <input checked="" type="checkbox"/> <b>2/7/03</b> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
AIRS ID#0250702 <b>MILLER DR DRY CLEANERS &amp; LAUNDRY IN RENE A GONZALEZ 6725 SW 56YH STREET MIAMI FL 33155</b>	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.
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
7001 0320 0001 7975 7926	
PS Form 3811, August 2001	
Domestic Return Receipt	
102595-02-M-1035	

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DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

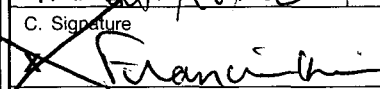
Bureau of Air Monitoring  
& Mobile Sources

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U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
7000 0520 0200 9373 0459		
Postage \$	Postmark Here	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
AIRS ID # 0250702		
MILLER DRIVE DRYCLEANERS & LAUNDRY INC RENE A GONZALEZ 6725 SW 56YH STREET MIAMI FL 33155		
		by mailer)
		-----
		-----
PS Form 3800, February 2000		See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print, Clearly)		B. Date of Delivery
	FRANCIS RUSKE		2/9/00
1. Article Addressed to:  AIRS ID # 0250702 MILLER DRIVE DRYCLEANERS & LAUNDRY INC RENE A GONZALEZ 6725 SW 56YH STREET MIAMI FL 33155	C. Signature		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
			<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Article Number (Copy from service label) 7000052093730459	D. Is delivery address different from item 1? If YES, enter delivery address below:		<input type="checkbox"/> Yes <input type="checkbox"/> No
	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, July 1999		Domestic Return Receipt	
		102595-99-M-1789	

UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
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DARMMOBILE SOURCE CONTROL PROGRAM  
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Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
ID# 250702	
RENE GONZALEZ	
MILLER DRIVE DRY CLEANERS AND	
LAUNDRY IN	
6725 SW 56YH STREET	
MIAMI, FL 33155	
PS Form 3800, June 2002	
See Reverse for Instructions	

<b>SENDER: COMPLETE THIS SECTION</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery  RENE GONZALEZ 7/2/01</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>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> ID# 250702  RENE GONZALEZ  MILLER DRIVE DRY CLEANERS AND  LAUNDRY IN  6725 SW 56YH STREET  MIAMI, FL 33155 </div>	<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>
<p>2. Article Number  (Transfer from service label)</p>	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> 7003 2260 0003 5651 1427 </div>
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