

**From:** Montinique Buquoi [Mbuquoi@synergyrecycling.org]  
**Sent:** Friday, March 07, 2014 3:37 PM  
**To:** Winston, Kathy  
**Cc:** 'nancy'  
**Subject:** Ricky's Oil  
**Attachments:** Ricky's to DEP State.pdf

Good afternoon Kathy

Please apology for the delay. The employee, who sent the documents earlier, is no longer with our Company. We could not find the green cards. We have to re-distribute the documents to local authorities:

- Miami Dade Police Department
- Palmetto General Hospital
- Miami Dade Fire Department

Attached you have copy of the receipt of that delivery.

Again, please excuse us for the delay.

*Montinique Buquoi  
Synergy Recycling  
305-887-1653 ext. 201  
305-887-2800 fax*

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. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>Miami Dade Police Dep            9101 NW 25<sup>th</sup> ST            Miami, FL 33172</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</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number            (Transfer from service label)</p>	<p>7013 2630 0001 3999 3558</p>

PS Form 3811, July 2013

Domestic Return Receipt

**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:

Palmetto General  
Hospital  
2001 West 68th St  
Hialeah, FL 33016

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  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®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7013 2630 0001 3999 3541

PS Form 3811, July 2013

Domestic Return Receipt

**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:

Miami Dade Fire  
Haz-Mat Bureau  
9300 NW 41 ST  
Miami, FL 33178

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*[Handwritten Signature]*

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

- Yes
- No

FEB 26 2014

3. Service Type

- Certified Mail
- Priority Mail Express™
- Registered
- Return Receipt for Merchandise
- Insured Mail
- Collect on Delivery

4. Restricted Delivery? (Extra Fee)

- Yes

2. Article Number

(Transfer from service label)

7013 2630 0001 3999 3565