

ORIGINAL

RECEIVED  
CLERK'S OFFICE

OCT 16 2006

STATE OF ILLINOIS  
Pollution Control Board

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, on the front if space permits.</li></ul>	A. Signature <input checked="" type="checkbox"/> Brenda Kinsel <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Mailing Addressed to: 10/5/06 B.M. AC 2007-009 Charles F. Kinsel 14998 North Shelby Road Lewistown, IL 61542	B. Received by ( <i>Printed Name</i> ) Brenda Kinsel	C. Date of Delivery 10/2/06
2. Article Number ( <i>Transfer from service label</i> )	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, February 2004	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.	
Domestic Return Receipt	4. Restricted Delivery? ( <i>Extra Fee</i> ) <input type="checkbox"/> Yes	
102595-02-M-1540		