

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: 7/8/04 B.M.
 AC 2003-033
 Deborah Frank Feinen
 Nally, Haasis & Bauer PC
 41 East University Avenue, 2nd. Fl.
 P.O. Box 227
 Champaign, IL 61824-0227

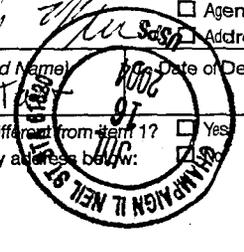
2. Article Number
 (Transfer from service label) 7002 2030 0004 5523 8913

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Michaela T...* Agent Addressee

B. Received by (Printed Name) *Michaela T...* Date of Delivery *7/19/04*

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



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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

RECEIVED
 CLERK'S OFFICE
 JUL 19 2004
 STATE OF ILLINOIS
 Pollution Control Board