

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, AC 2003-034 ✓
Olen G. Parkhill, Jr.
808 North Prairieview Road
Mahomet, IL 61853

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Kim W. Gaert* Agent
 Addressee

B. Received by (Printed Name) *Kim W. Gaert* C. Date of Delivery *7/16/04*

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

2. Article Number
(Transfer from service label) 7002 2030 0004 5523 8920

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