

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: 7/22/04 B.M. ✓

AC 2004-087

Herman "Bud" Krohe

5061 N. Hagener Road

Route 2

Box 161A

Beardstown, IL 62618

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Bud Krohe

☐ Agent☒ Addressee

B. Received by (Printed Name)

Bud Krohe

C. Date of Delivery

7-29-04

D. Is delivery address different from item 1? ☐ YesIf 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 9095

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

RECEIVED
CLERK'S OFFICE

AUG - 2 2004

STATE OF ILLINOIS
Pollution Control Board