

ORIGINAL

RECEIVED  
CLERK'S OFFICE

OCT 21 2004

STATE OF ILLINOIS  
Pollution Control Board

**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: 10/7/04 B.M.

AC 2004-041

Cheryl Clayton

P.O. Box 5245

Quincy, IL 62305

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Stacie Lewis*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

*Stacie Lewis*

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

☐ 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 0860 0004 9617 9922

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540