

ORIGINAL

RECEIVED
CLERK'S OFFICE

NOV 29 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: 11/4/04 B.M.

PCB 2001-043

Michael Stringini

1108 S. Westover Lane

Schaumburg, IL 60193

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Michael Stringini Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

11-13-04

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)

7004 1160 0005 4126 0683