

ORIGINAL

RECEIVED  
CLERK'S OFFICE

MAY 02 2005

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: 4/21/05 B.M.  
PCB 2003-051  
Michele Rocawich  
Weissberg & Associates  
401 S. LaSalle Street, Suite 403  
Chicago, IL 60605

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]* ☐ Agent  
☒ Addressee

B. Received by (Printed Name) *Robert Cross* C. Date of Delivery *4/26/05*

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 2890 0004 2296 4786

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540