

ORIGINAL

RECEIVED
CLERK'S OFFICE

JUL 26 2005

STATE OF ILLINOIS
Pollution Control Board

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none">■ 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.	A. Signature X <i>M. Kowal</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: <i>7/7/05 B.M.</i> <i>AC 2004-079</i> <i>Edward V. Walsh, III</i> <i>Sachnoff & Weaver, Ltd.</i> <i>10 S. Wacker Drive, 40th Floor</i> <i>Chicago, IL 60606</i>	B. Received by (Printed Name) <i>M. Kowal</i> C. Date of Delivery <i>8 JUL 2005</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <i>3</i> If YES, enter delivery address below: <input type="checkbox"/> No
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Transfer from service label) <i>7004 2890 0004 2307 1230</i>	

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835