

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: 7/8/04 B.M.

AC 2003-033

Deborah Frank Feinen

Nally, Haasis & Bauer PC

41 East University Avenue, 2nd Fl

P.O. Box 227

Champaign, IL 61824-0227

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Michael T. Nally* ☐ Agent Addressee

B. Received by (Printed Name)

Michael T. Nally Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below:

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 8913

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

RECEIVED
CLERK'S OFFICE

JUL 19 2004

STATE OF ILLINOIS
Pollution Control Board