

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. <p>1. Article Addressed to: 7/22/04 B.M. PCB 2002-003 Barbara A. Magel Karaganis & White, Ltd. 414 N. Orleans Street, Suite 810 Chicago, IL 60610</p>	<p>A. Signature <i>A. T. Locke</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>A. T. Locke</i> C. Date of Delivery <i>5-27-04</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) 7002 2030 0004 5523 9118</p>	
PS Form 3811, February 2004	Domestic Return Receipt
102595-02-M-1540	

RECEIVED
CLERK'S OFFICE
AUG - 2 2004
STATE OF ILLINOIS
Pollution Control Board