

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 <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: 7/22/04 PCB 2004-206 Larry L. Thompson James, Gustafson and Thompson, Ltd. 1001 East Chicago Avenue Suite 103 Naperville, IL 60540	B. Received by (Printed Name) K CARTER	C. Date of Delivery 7/20
2. Article Number (Transfer from service label) 7002 0860 0004 9618 4865	D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <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	

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