

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>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>Mary Noren</i></p> <p>B. Received by (<i>Printed Name</i>) C. Date of Delivery <i>Mary Noren</i> 7-29-04</p>	
<p>1. Article Addressed to: 7/22/04 B.M. PCB 2004-211 Brain J. Meginnes Elias, Meginnes, Riffle & Seghetti, P.C. 416 Main Street, Suite 1400 Peoria, IL 61602-1153</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Registered <input type="checkbox"/> C.O.D. <input type="checkbox"/> Insured Mail</p> <p>4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (<i>Transfer from service label</i>) 7002 0860 0004 9618 4872</p>		
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>		

RECEIVED
CLERK'S OFFICE

AUG - 2 2004

STATE OF ILLINOIS
Pollution Control Board