

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: 8/5/04 B.M.
 PCB 2005-010
 Bruce Batty
 14928 E. Eddy Road
 Davis Junction, IL 61020

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Eugene Batty

-
- Agent
-
-
- Addressee

B. Received by (Printed Name)

/ Eugene BATTY

C. Date of Delivery

8-17-04

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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)

7004 1160 0005 4126 3004

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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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. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>X Eugene Batty</i></p>
<p>1. Article Addressed to: 8/5/04 B.M. PCB 2005-010 Dennis Eugene Batty 14758 E. Eddy Road Davis Junction, IL 61020</p>	<p>B. Received by (Printed Name) C. Date of Delivery <i>Eugene BATTY</i> <i>8-12-04</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 <i>(Transfer from service label)</i> 7004 1150 0005 4126 3011</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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