

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 2005-011
 UAP Richter
 1076 Corregidor
 Dixon, IL 61021

2. Art
 (Tra

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Bronwyn Howard Agent Addressee

B. Received by (Printed Name) *Bronwyn Howard* C. Date of Delivery *8-12-04*

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.

Yes

RECEIVED
 CLERK'S OFFICE

AUG 16 2004

STATE OF ILLINOIS
 Pollution Control Board