

**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: 9/2/04 B.M.  
 PCB 1996-098  
 David S. O'Neill, Esq.  
 5487 N. Milwaukee Avenue  
 Chicago, IL 60630-1249

2. Article Number (Transfer from service label) 7004 1160 0005 4126 2656

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *R. Lombardi*  Agent  Addressee

B. Received by (Printed Name) *R. LOMBARDI* C. Date of Delivery *9-9-04*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

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- 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: 9/2/04 B.M.  
 PCB 1996-098  
 Michael B. Jawgiel, PC  
 5487 N. Milwaukee Avenue  
 Chicago, IL 60630-1249

2. Article Number (Transfer from service label) 7004 1160 0005 4126 2663

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *R. Lombardi*  Agent  Addressee

B. Received by (Printed Name) *R. Lombardi* C. Date of Delivery *9-9-04*

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**RECEIVED**  
 CLERK'S OFFICE

SEP 10 2004

STATE OF ILLINOIS  
 Pollution Control Board

ORIGINAL