

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.
 AC 2005-010
 Lawrence P. & Jacqueline L. Koch
 526 Poplar
 Highland, IL 62249

2. Article Number
 (Transfer from service label) 7004 1160 0005 4126 2625

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X - *[Signature]* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
 9/13/04

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

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

RECEIVED
CLERK'S OFFICE

SEP 20 2004

STATE OF ILLINOIS
Pollution Control Board

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STATE OF ILLINOIS
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ORIGINAL