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OCT 15 2003

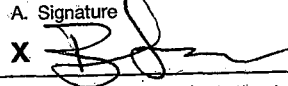
STATE OF ILLINOIS
Pollution Control Board

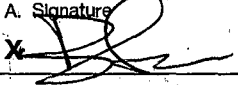
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.Print your name and address on the reverse so that we can return the card to you.Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/>  <input type="checkbox"/> Addressee	
1. Article Addressed to: 10/7/04 B.M. PCB 2005-026 Cynthia A. Faur Sonnenschein Nath & Rosenthal 8000 Sears Tower 233 S. Wacker Drive Chicago, IL 60606-6404	B. Received by (Printed Name) BSOVA	C. Date of Delivery OCT 14 2004
2. Article Number (Transfer from service label) 7002 0860 0004 9617 9984	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, February 2004	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.	
Domestic Return Receipt	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
102595-02-M-1540		

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