

ORIGINAL

RECEIVED  
CLERK'S OFFICE

OCT 18 2004

STATE OF ILLINOIS  
Pollution Control Board

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul> <p>1. Article Addressed to: 10/7/04 B.M. PCB 2005-001 Matthew M. Klein 322 West Burlington LaGrange, IL 60525</p>	<p>A. Signature <input checked="" type="checkbox"/> Agent <i>M. Klein</i> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>M. Klein</i> C. Date of Delivery <i>10-14-04</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>
2. Article Number (Transfer from service label) 7004 1160 0005 4126 3868	
PS Form 3811, February 2004	Domestic Return Receipt 102595-02-M-1540