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STATE OF ILLINOIS  
Pollution Control Board

PCB04-15

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<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: 10/21/04 B.M.  Mark R. Misiorowski  Misiorowski Law Group, LLC  1755 Park Street, Suite 310  Naperville, IL 60563</p>	A. Signature x <i>A. Kalson</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	Received by (Printed Name)	C. Date of Delivery 10-26-04
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	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.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)    7004 1160 0005 4126 3998		