

ORIGINAL

RECEIVED  
CLERK'S OFFICE

OCT 28 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>	A. Signature <i>x A. Al-amin</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: 10/21/04 B.M. PCB 1996-010 Dolores Ayala Schuyler, Roche & Zwirner One Prudential Plaza 130 E. Randolph St., Suite 3800 Chicago, IL 60601	B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery <i>OCT 27 2004</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number (Transfer from service label) 7004 1160 0005 4126 3967	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

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540