

ORIGINAL

RECEIVED
CLERK'S OFFICE

OCT 29 2004

STATE OF ILLINOIS
Pollution Control Board

| 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. <p>1. Article Addressed to: 10/7/04 B.M. PCB 1997-119 Thomas Davis 2610 Sheridan Road Zion, IL 60099</p> | <p>A. Signature <input type="checkbox"/> Agent <i>[Signature]</i> <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (<i>Printed Name</i>) <input type="checkbox"/> Yes <i>[Signature]</i> <input checked="" type="checkbox"/> No</p> <p>C. Date of Delivery 10/11</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? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p> |
| 2. Article Number (<i>Transfer from service label</i>) 7002 0860 0004 9619 8206 | |
| PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540 | |