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<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 checked="" type="checkbox"/> <i>Phillip Hamann</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: 10/21/04 B.M. AC 2005-023 Phillip Hamann 116 Correll Street P.O. Box 295 Green Valley, IL 61534	B. Received by (Printed Name) _____ C. Date of Delivery <u>10-29-04</u> 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 3943	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