

ORIGINAL

RECEIVED  
CLERK'S OFFICE

NOV 03 2004

STATE OF ILLINOIS  
Pollution Control Board

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to: 10/21/04 B.M.

AC 2004-032

Rosemary Pehm

1000 State Route 29

Heary, IL 61527

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Rosemary Pehm* ☐ Agent ☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

R. P. #11/1-04

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7004 1160 0005 4126 3929

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540