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STATE OF ILLINOIS  
Pollution Control Board

ORIGINAL

PCB 2001-102

SENDER COMPLETE THIS SECTION	
<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. Sald</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	B. Received by (Printed Name) <input type="checkbox"/> Agent <input type="checkbox"/> Addressee C. Date of Delivery 11-21-04
1. Article Addressed to: 11/18/04 B.M. PCB 2001-102 Dean E. Sald Madison County Administration Building 157 North Main Street, Suite 402 Edwardsville, IL 62025-1964	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:
2. Article Number (Transfer from service label) 7004 0750 0004 3960 1802	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.
PS Form 3871, February 2004	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

102595-02-M-1549