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DEC 27 2004

STATE OF ILLINOIS  
Pollution Control Board

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
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>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
Article Addressed to: 12/16/04 B.M. C 2005-032 Joseph E. Nack Jack, Richardson & Kurt 106 North Main Street P.O. box 336 Galena, IL 61036	B. Received by (Printed Name) C. Date of Delivery JAMES T. HAYES 12-23	
2. Article Number (Transfer from service label) 7004 0750 0004 3960 1956	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, February 2004	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.	
Domestic Return Receipt	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
102595-02-M-1540	PS Form 3811, February 2004	

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Article Addressed to: 12/16/04 B.M. AC <del>PCB</del> 2005-032 James Haas, Jr. 12343 East Blackhawk Road Stockton, IL 60185	B. Received by (Printed Name) C. Date of Delivery JAMES HAAS JR 12/23/04	
2. Article Number (Transfer from service label) 7004 0750 0004 3960 1963	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
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