

ORIGINAL

RECEIVED  
CLERK'S OFFICE

JAN 19 2005

STATE OF ILLINOIS  
Pollution Control Board

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |
|--|---|
| <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> <p>1. Article Addressed to: 1/6/05 B.M.<br/>PCB 2004-136<br/>Eric E. Boyd<br/>Seyfarth Shaw<br/>55 E. Monroe Street<br/>Suite 4200<br/>Chicago, IL 60603-5803</p> | <p>A. Signature<br/><b>X</b> <span style="float: right;"><input type="checkbox"/> Agent<br/><input type="checkbox"/> Addressee</span></p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center;"><b>JAN 14 2005</b><br/><b>E. Rycraft</b></p> <p>3. Service Type<br/><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br/><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br/><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |
| 2. Article Number<br>(Transfer from service label) 7004 0750 0004 3960 2359  |   |