

ORIGINAL

RECEIVED
CLERK'S OFFICE

JAN 31 2005

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: 1/20/05 B.M.
AC 2005-036
Sheri L. Carey
County of Sangamon
2501 North Dirksen Parkway
Springfield, IL 62702

2. Article Number
(Transfer from service label) 7004 0750 0004 3960 2557

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Rita Kamnsek* Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
Rita Kamnsek 1-27

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