

ORIGINAL

RECEIVED
CLERK'S OFFICE

MAR 10 2005

STATE OF ILLINOIS
Pollution Control Board

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CLERK'S OFFICE

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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: 3/3/05 B.M.
PCB 2005-092
Specialty Printing Company
6019 West Howard Street
Niles, IL

2. Article Number
(Transfer from service label) 7004 2890 0004 2296 1044

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

E ACEVES

C. Date of Delivery

03/09/05

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

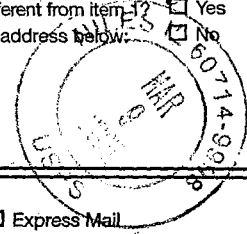
☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes



Domestic Return Receipt

102595-02-M-1540