

ORIGINAL

RECEIVED
CLERK'S OFFICE

MAR 14 2005

STATE OF ILLINOIS
Pollution Control Board

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none">■ 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 X <u>Kristan Creech</u> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: <u>3/3/05 B.M.</u> <u>AC 2005-043</u> <u>Michael Warnick</u> <u>Macon County Solid Waste</u> <u>Management Department</u> <u>141 S. Main Street, Room 212</u> <u>Decatur, IL 62523</u>	B. Received by (Printed Name) <u>K. CREECH</u> C. Date of Delivery <u>3/11/05</u>
2. Article Number (Transfer from service label) <u>7004 2890 0004 2296 0955</u>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" 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.
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes