## RECEIVED CLERK'S OFFICE

APR 2 9 2005

STATE OF ILLINOIS Pollution Control Board

	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
· /	<ul> <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> </ul>	A. Signature  A. Signature  Agent  Adgres  Adgres
1	<ul> <li>Attach this card to the back of the mailpied or on the front if space permits.</li> </ul>	4/2
	1. Article Addressed to: 4/21/05 B.M.	D. Is delivery address different from item 1?  Yes If YES, enter delivery address below:  No
S	PCB 2005-096	<b>∀</b> ∥
ard		
!	Lawrence A. Lipe & Associate	
ì	901 North DuQuion Street	
	P.O. Drawer 130 Benton, IL 62812	3. Service Type Certified Mail Registered Insured Mail COD
		4. Restricted Delivery? (Extra Fee)
	2. Article Number	
_	(Transfer from service label) 7004 2890	0 0004 2296 5004
}	PS Form 3811, February 2004 Dome	stic Return Receipt 102595-02-M-15
	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
	Complete items 1, 2, and 3. Also complete	A. Signature
1	item 4 if Restricted Delivery is desired.	Agent / Agent
]	Print your name and address on the reverse so that we can return the card to you.	
1	Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Deliver
	or on the front if space permits.	D. Is delivery address different from item 1? Yes
1	1. Article Addressed to: 4/21/05 B.M.	If YES, enter delivery address below:
<u> </u>	PCB 2005-096	7.0 Box E
j t	Village of North City Clerk $^{\prime}$	Y.U. OOX L
	Village of North City	e 📗
	P.O. Drawer E	
ì	Coello, IL 62825	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise
·		☐ Insured Mail ☐ C.O.D.
	A Add to Khanbar	☐ Insured Mail ☐ C.O.D.  4. Restricted Delivery? (Extra Fee) ☐ Yes
2		
	(Transfer from service label) 7004 2890  Domest	4. Restricted Delivery? (Extra Fee)
SE	(Transfer from service label) 7004 2890  Domest	4. Restricted Delivery? (Extra Fee)
SE	(Transfer from service label) 7004 2890  Domest  NDER: COMPLETE THIS SECTION  Complete items 1.0	4. Restricted Delivery? (Extra Fee)
SE	(Transfer from service label) 7004 2890  Domest  NDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Postrict 14 item 4 item 4 if Postrict 14 item 4	4. Restricted Delivery? (Extra Fee)
SE	(Transfer from service label) 7004 2890  Domest  NDER: 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 control to the service of the	4. Restricted Delivery? (Extra Fee) Yes  0004 2296 5011  tic Return Receipt 102595-02-M-154  COMPLETE THIS SECTION ON DELIVERY  A. Signature
SE	(Transfer from service label) 7004 2890  Domest  NDER: 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.	4. Restricted Delivery? (Extra Fee) Yes  9 0004 2296 5011  tic Return Receipt 102595-02-M-154  COMPLETE THIS SECTION ON DELIVERY A. Signature  A. Agent
S= i i s	(Transfer from service label) 7004 2890  Domest  ENDER: 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.	4. Restricted Delivery? (Extra Fee)
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SI= SI A O O CB ari	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.  Attach Addressed to: 4/21/05 B.M.  2005-096  k. C. Goldenberg	4. Restricted Delivery? (Extra Fee)
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Domestic Return Receipt

102595-02-M-1540