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MAY 03 2005

STATE OF ILLINOIS
Pollution Control Board

ORIGINAL

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 <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>John Becker</i>
1. Article Addressed to: 4/21/05 B.M. PCB 2005-055, 058, 059 Village of Wauconda 101 North Main Street P.O. Box 785 Wauconda, IL 60084 <i>lgod or</i>	B. Received by (Printed Name) <i>JOANN BECKER</i> C. Date of Delivery <i>4-27-05</i>
2. Article Number (Transfer from service label) 7004 2890 0004 2296 4908	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input 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.
Domestic Return Receipt	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
102595-02-M-1540	

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1. Article Addressed to: 4/22/05 B.M. PCB 2005-055, 058, 059 Village of Wauconda 302 Slocum Lake Road Wauconda, IL 60084	B. Received by (Printed Name) <i>P. ATMAN</i> C. Date of Delivery <i>4/22/05</i>
2. Article Number (Transfer from service label) 7004 2890 0004 2296 4822	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input 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.
Domestic Return Receipt	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
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