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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 <input checked="" type="checkbox"/> <i>Greg Ingle</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: 4/21/05 B.M. AC 2005-058 Greg Ingle P.O. Box 407 Wataga, IL 61488	B. Received by (Printed Name) <i>Greg Ingle</i> C. Date of Delivery <i>5-3-05</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number (Transfer from service label)	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.
7004 2890 0004 2296 4779	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes