


ORIGINAL

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CLERK'S OFFICE

MAY 16 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  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: 5/5/05 B.M. PCB 2004-135 Edward V. Walsh, III Sachnorr & Weaver, Ltd. 10 S. Wacker Drive, 40th Floor Chicago, IL 60606	B. Received by (Printed Name) <i>Mark Seuser</i>	C. Date of Delivery MAY 13 2005
2. Article Number (Transfer from service label) 7004 2890 0004 2307 0899	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	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	