4 11+	:
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Received by (Please Print Clearly) B. Date of Deliver
<ul> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	C. Signature  Agent  Addressee  D. Mcdelivery address different from item 12  Yes
1. Article Addressed to:  BONNIE L. MACFARLANE  JOLOWI STATE ROAD	D. Is delivery address different from item 1?  Yes  If YES, enter delivery address below: No
D. O. BOX 268 TSLAND LAKE, IL GOOD	3. Service Type  Certified Mail Express Mail Registered C.O.D.
7-50000 0.11	4. Restricted Delivery? (Extra Fee) Yes
2 Article Number (Conv from service label)	

PS Form 3811, July 1999

Domestic Return Receipt

RECEIVED CLERK'S OFFICE

JUN 0 3 2005

STATE OF ILLINOIS Pollution Control Board