

ORIGINAL

RECEIVED
CLERK'S OFFICE

JUL 06 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.	<p>A. Signature <i>Beth A. Probst</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Beth A. Probst</i> C. Date of Delivery <i>JUL 06 2005</i></p>
<p>1. Article Addressed to: <i>6/16/05 B.M.</i></p> <p><i>PCB 2005-206</i> <i>Chris Probst</i> <i>1341 N. 200th Street</i> <i>Wheeler, IL 62479</i></p>	<p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> YES If YES, enter delivery address below: <i>800 S Jackson</i> <i>Newton IL 62448</i></p> <p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) <i>7004 2890 0004 2307 1209</i></p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	