

ORIGINAL

RECEIVED
CLERK'S OFFICE

JUL 19 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>1. Article Addressed to: 7/7/05 B.M. AC 2005-069 CT Corporation System 208 S. LaSalle Street Suite 814 Chicago, IL 60604-1101</p>	<p>A. Signature X</p> <p>B. Received by (Printed Name)</p>	<p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>C. Restricted Delivery 19 2005</p>
<p>2. Article Number (Transfer from service label) 7004 2890 0004 2307 1292</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address <input type="checkbox"/> No</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>	

CT CORPORATION SYSTEM
208 S. La Salle Street
CHICAGO ILLINOIS 60604