

ORIGINAL

RECEIVED
CLERK'S OFFICE

OCT 20 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 <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>David Stanton</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>DK</i> <i>10-17-05</i></p>	
<p>1. Article Addressed to: 10/6/05 B.M. AC 2006-004, AC 2006-005 AC 2006-006 & AC 2006-007 David Stanton Perry County State's Attorney One Public Square Pickneyville, IL 62274</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <p><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) 7005 1160 0002 2069 3909</p>		