

ORIGINAL

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ 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 <i>X Sarah Corbett</i> ☐ Agent ☐ Addressee
1. Article Addressed to: 12/15/05 B.M. PCB 2005-028 Curtis W. Martin Shaw & Martin 123 South 10th Street Suite 302 P.O. Box 1789 Mt. Vernon, IL 62864	B. Received by (Printed Name) <i>Sarah Corbett</i> C. Date of Delivery <i>DEC 27 2005</i>
	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☒ No
	3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7005 1160 0002 2443 1286	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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STATE OF ILLINOIS
Pollution Control Board