## ORIGINAL

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STATE OF ILLINOIS Pollution Control Board

so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delivery
item 4 if Restricted Delivery is desired.	D. Is delivery address different from item 1? U Yes If YES, enter delivery address below: U No
	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7005 1160 000	2 2443 1491 ·

PS Form 3811, February 2004 Don

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