

ORIGINAL

RECEIVED  
CLERK'S OFFICE

FEB 16 2006

STATE OF ILLINOIS  
Pollution Control Board

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>	<p>A. Signature <i>X</i> <i>J. E. Fries</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
1. Article Addressed to: 2/2/06 B.M. PCB 2005-066 J.D. Bergman, R.A. 108 E. Ogden Avenue Hinsdale, IL 60521-3572	<p>B. Received by (Printed Name) <i>J. E. Fries</i> C. Date of Delivery <i>02-14-06</i></p>
2. Article Number (transfer from service label) 7005 1160 0002 2443 1620	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
PS Form 3811, February 2004	<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>

Domestic Return Receipt

102595-02-M-1540