

ORIGINAL

RECEIVED
CLERK'S OFFICE

FEB 21 2006

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 <i>Tom Brown</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: 2/2/06 B.M. PCB-066 Charles J. Northrup Sorrells, Northrup, Hanna, Cullen & Cochran Suite 800 Illinois Building 607 East Adams P.O. Box 5131 Springfield, IL 62705</p>	<p>B. Received by (Printed Name) <i>DARR BROWN</i></p>	<p>C. Date of Delivery <i>2-14-06</i></p>
<p>2. Article Number (Transfer from service label) 7005 1160 0002 2443 1613</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: <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>	

PLB0566