

ORIGINAL

RECEIVED
CLERK'S OFFICE

MAR 10 2006

STATE OF ILLINOIS
Pollution Control Board

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so we can return the card to you.
- Attach this card to the back of the mailpiece, or the front if space permits.

1. Addressee: 3/2/06 B.M.
P.O. 006-042
Dennis M. Wilt
Waste Management of Illinois
720 East Butterfield Road
Lombard, IL 60148

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item A?
If YES, enter delivery address below

☐ Yes

☒ 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 2067 8715

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540