

ORIGINAL

RECEIVED  
CLERK'S OFFICE

APR 13 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>1. Article Addressed to: 4/6/06 B.M.<br/>PCB 2005-091<br/>Registered Agent, Clean Harbors Service, Inc.<br/>CT Corporation Systems<br/>208 S. LaSalle Street, Suite 814<br/>Chicago, IL 60604-1101</p> | <p>A. Signature<br/><b>CT CORPORATION SYSTEM</b><br/>Received by (Printed Name) <input type="checkbox"/> Agent<br/><b>208 S. LaSalle Street</b> <input type="checkbox"/> Addressee<br/><b>CHICAGO, ILLINOIS 60604</b> of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>If YES, enter delivery address below: <input type="checkbox"/> No<br/><b>APR 12 2006</b></p> <p>3. Service Type<br/><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br/><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br/><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |
| <p>2. Article Number (Transfer from service label) 7005 1160 0002 2067 8869</p>  |  |
| <p>PS Form 3811, February 2004 Domestic Return Receipt 102596-02-M-1540</p>  |  |