



ORIGINAL

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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"> ■ 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  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> | |
| <p>1. Article Addressed to: 4/6/06 B.M. PCB 2006-048 Ronald P. Palmieri, P.E. STS Consultants, Ltd. 750 Corporate Woods Parkway Vernon Hills, IL 60061-3153</p> | | <p>B. Received by (Printed Name) GRAE OLIVERO</p> <p>C. Date of Delivery 4/12</p> | |
| <p>2. Article Number (Transfer from service label) 7005 1160 0002 2067 8920</p> | | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below:</p> | |
| <p>PS Form 3811, February 2004</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> | |

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| <p>1. Article Addressed to: 4/6/06 B.M. PCB 2006-048 CT Corporation Systems 208 S. LaSalle Street Suite 814 Chicago, IL 60604-1101</p> | | <p>B. Received by (Printed Name) CT CORPORATION SYSTEM</p> <p>C. Date of Delivery 4/12</p> | |
| <p>2. Article Number (Transfer from service label) 7005 1160 0002 2067 8913</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>PS Form 3811, February 2004</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> | |
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