

ORIGINAL

RECEIVED
CLERK'S OFFICE

MAY 15 2006

STATE OF ILLINOIS
Pollution Control Board

Case# AC 2006-038

AC 06-38

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 that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

William Slane
129 Lamard St.
Golf, IL 60142

2. Article Number
(Transfer from service label)

7000 0520 0020 2380 6018

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Rebecca J. Slane Addressee

B. Received by (Printed Name) C. Date of Delivery
5-9-06

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

PTD

Postage	\$ 0.87
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.12

Postmark
Here

Dorothy,
Enclosed you will find
proof of proper notice
to Mr. Slane. This service
occurs within the
10 day time frame.
CLARK GRIFFITH

Recipient's Name (Please Print Clearly) (To be completed by mailer)
William Slane
Street, Apt. No., or PO Box No.
129 Lamard St.
City, State, ZIP+4
Golf, IL 60142
PS Form 3800, February 2000 See Reverse for Instructions