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JUN 09 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 checked="" type="checkbox"/> Agent <i>Patty Vaughn</i> <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to: 5/18/06 B.M. PCB 2006-166 Keith Honegger Box 333 Southeast 4th Fairfield, IL 62837</p>	<p>B. Received by (Printed Name) <input checked="" type="checkbox"/> Yes <i>Patty Vaughn</i> <input type="checkbox"/> No</p> <p>C. Date of Delivery <i>5-26-06</i></p> <p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes <i>LLL</i> If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article (Title)</p>	<p>3. Service Type <input 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>PS Form</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>02585-02-M-1540</p>