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JUN 2 1 2006

STATE OF ILLINOIS Pollution Control Board

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
 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 mailplece, or on the front if space permits. Article Addressed to: 6/1/06 B.M. PCB 2006-046 c/o Joseph E. Osborn, R.A. Osborn Homes, Inc. 100 Regency Centre Collinsville, IL 62234 	A. Signature X Ma Om- B. Received by (<i>Printed Name</i>) D. Is delivery address different from iter	and a second
	If YES, enter delivery address below: LI No	
	3, Service Type Certified Mall Express Mai Registered Return Rece Insured Mail C.O.D.	l ipt for Merchandise
	4. Restricted Delivery? (Extra Fee)	🖸 Yes

PS Form 3811, February 2004

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Domestic Return Receipt

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