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STATE OF ILLINOIS
Pollution Control Board

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY | |
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| <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. | A. Signature <input checked="" type="checkbox"/> <i>James C. Leonard</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee | |
| 1. Article Addressed to: 6/15/06 B.M. PCB 2006-172 c/o James C. Leonard The Carle Foundation Hospital 611 W. Park Urbana, IL 61801 | B. Received by (Printed Name) <i>James C. Leonard</i> | C. Date of Delivery <i>6-23-06</i> |
| 2. Article Number (Transfer from service label) | D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No | |
| PS Form 3811, February 2004 | 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. | |
| Domestic Return Receipt | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes | |
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