

ORIGINAL

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CLERK'S OFFICE

JUN 28 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.	A. Signature <input checked="" type="checkbox"/> <i>Marcus Throneburg</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	B. Received by (Printed Name) <i>Marcus Throneburg</i>	C. Date of Delivery <i>6-22-06</i>
1. Article Addressed to: <i>6/15/06 B.M.</i> <i>PCB 2006-180</i> <i>Marquis MTD, Inc.</i> <i>7026 West Power Plant Road</i> <i>Hennepin, IL 61327</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label) <i>7005 1160 0002 2067 9538</i>	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.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	