

ORIGINAL

RECEIVED
CLERK'S OFFICE

JUN 15 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 <input type="checkbox"/> Addressee</p> <p>X <i>B. Meller</i></p>	
1. Article Addressed to: 6/15/06 B.M. PCB 2003-183 Babette P. Salus Schwing & Salus, P.C. 1100 South Fifth Street Springfield, IL 62703		B. Received by (Printed Name) <i>B. Meller</i>	C. Date of Delivery <i>6/22/06</i>
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		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	
2. Article Number (Transfer from service label) 7005 1160 0002 2067 9453			

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540