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STATE OF ILLINOIS  
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>	A. Signature <input checked="" type="checkbox"/> <i>Paula Bennett</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: 6/15/06 B.M. PCB 2003-215 Julie O'Keefe Armstrong Teasdale LLP One Metropolitan Square Suite 2600 St. Louis, MO 63102	B. Received by (Printed Name) <i>Bennett</i> C. Date of Delivery <i>6-22-06</i>
2. Article Number (Transfer from service label) 7005 1160 0002 2067 9460	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <p style="text-align: center;">JUL 24 2006</p>
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