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STATE OF ILLINOIS
Pollution Control Board

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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 X <i>Donna Morris</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: 7/6/06 B.M. PCB 2006-030 Dean P. Heneghan, R.A. Heneghan & Associates, P.C. 1004 State Highway 16 Jerseyville, IL 62052	B. Received by (Printed Name) DONNA MORRIS C. Date of Delivery
	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
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