

RECEIVED
CLERK'S OFFICE

JUL 24 2006

STATE OF ILLINOIS
Pollution Control Board

ORIGINAL

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>K. Johnson</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: 7/6/06 B.M. AC 06-042, AC 06-043, AC 06-044 Troy D. Holland LaSalle County Courthouse 707 Etna Road P.O. Box 430 Ottawa, IL 61350	B. Received by (Printed Name) C. Date of Delivery <i>K. Johnson</i> <i>07/20/2006</i>
2. Article Number (Transfer from service label) 7005 1160 0002 0267 9613	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" 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

102595-02-M-1540