

ORIGINAL

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JUL 25 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>1. Article Addressed to: 7/6/06 B.M. AC 2006-042 & AC 2006-043 Bill Shawback P.O. Box 133 Cornell, IL 61319</p>	<p>A. Signature x <i>Bill Shawback</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	<p>C. Date of Delivery 7/25/06</p>
<p>2. Article Number (Transfer from service label) 7005 1160 0002 2067 9620</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes if YES, enter delivery address below: <input type="checkbox"/> No</p> <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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	