

ORIGINAL

RECEIVED  
CLERK'S OFFICE

AUG 17 2006

STATE OF ILLINOIS  
Pollution Control Board

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 mail piece or on the front if space permits.</li></ul>	A. Signature x <i>J. Koerigs</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: 8/4/06 B.M. PCB 2005-215 Jack D. Ward Reno, Zahm, Folgate, Lindberg & Powell 2602 McFarland Road Suite 400 Rockford, IL 61107	B. Received by (Printed Name) C. Date of Delivery <i>J. Koerings</i> 8/14/06
2. Article Number (Transfer from service label) 7005 1160 0002 2068 0046	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

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540