

ORIGINAL

RECEIVED
CLERK'S OFFICE

AUG 18 2006

STATE OF ILLINOIS
Pollution Control Board

SENDER: COMPLETE THIS SECTION

- 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, on the front if space permits.

1. Addressee Addressed to: 8/4/06 B.M.
AC 006-057
Ron Lawver
~~711 E. Washington Avenue~~
Lewistown, IL 61542

COMPLETE THIS SECTION ON DELIVERY

A. Signature

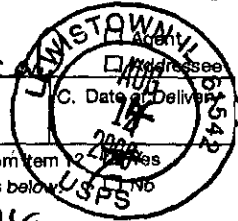
X *Kim Pascal*

B. Received by (Printed Name)

Kim Pascal

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below.

P.O. Box 104



3. Service Type

- Certified Mail
- Registered
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
(Transfer from service label) 7005 1160 0002 2067 9910