

ORIGINAL

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CLERK'S OFFICE

AUG 21 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 mailpiece, or on the front if space permits.</li> </ul>	A. Signature <i>Tricia Beck</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: 8/4/06 B.M. PCB 2005-215 PaTrisha Gibbs First Rockford Group 6801 Spring Creek Road Rockford, IL 61114	B. Received by (Printed Name) _____ C. Date of Delivery <i>8-14-06</i>
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
PS Form 3811, February 2004	3. Service Type <input 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
Domestic Return Receipt 7005 1160 0002 2068 0015 102595-02-M-1540	

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