

ORIGINAL

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CLERK'S OFFICE

AUG 28 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> <p>1. Article Addressed to: 8/17/06 B.M. PCB 2006-151 Brain E. Konzen Lueders, Robertson, &amp; Konzen 1939 Delmar P.O. Box 735 Granite City, IL 62040</p>	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>Casie P. Reeder</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <i>Casie Reeder</i></p> <p>C. Date of Delivery <input type="checkbox"/> Addressee <i>8/24/06</i></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 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>
2. Article Number (Transfer from service label)	7005 1160 0002 2068 0169
PS Form 3811, February 2004	Domestic Return Receipt 102595-02-M-1540