## ORIGINAL

## RECEIVED CLERK'S OFFICE

SEP 1 8 2006

STATE OF ILLINOIS Pollution Control Board

A STATE OF THE STA	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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.	A. Signature  X  Agent  Addressee  B. Received by (Printed Name)  D. is delivery address different from item 1?  Yes  If YES, enter delivery address below:
1. Article Addressed to: 9/7/06 B.M. PCB 2005-203	
Charles F. Helsten	
Hinshaw & Culbertson	<b>{</b> {
100 Park Avenue	<u> </u>
P.O. Box 1389	3. Service Type  Supportified Mail  Express Mail
Rockford, IL 61105-1389	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. ,	
PS	<del></del>
ro',	102595-02-M-1540