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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>Rebecca J. DeCrox</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: <i>9/7/06 B.M.</i> PCB 2006-137 William A. Murray City of Springfield Office of the Public Utilities 800 East Monroe Street, 4th Fl. Municipal Bldg. East Springfield, IL 62757-0001	B. Received by (Printed Name) <i>Rebecca J. DeCrox</i> C. Date of Delivery <i>9-18-06</i>
2. Article Number (Transfer from service label) <i>7005 1160 0002 2068 0299</i>	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 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 Domestic Return Receipt 102595-02-M-1540