

ORIGINAL

RECEIVED
CLERK'S OFFICE

OCT 03 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, or on the front if space permits.

1. Article Addressed to: 9/21/06 B.M.
PCB 2006-016
for Ogoco, Inc.
William W. Austin, R.A.
307 N. Third Street
Effingham, IL 62401-3467

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x *Carol Gocal* ☐ Agent
☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
CAROL GOCAL *9/29/06*

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from service label) 7005 1160 0002 2068 0428

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540