

RECEIVED
CLERK'S OFFICE

NOV 13 2006

STATE OF ILLINOIS
Pollution Control Board

ORIGINAL

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: 11/2/06 B.M.

PCB-2006-003

James B. Bleyer

Bleyer & Bleyer

601 West Jackson Street

P.O. Box 487

Marion, IL 62959

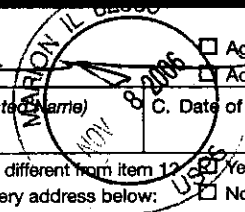
COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

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



☐ Agent

☐ Addressee

C. Date of Delivery

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 0619

PS Form 3811, February 2004

Domestic Return Receipt

100505-02-M-1540