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CLERK'S OFFICE

OCT 24 2008

STATE OF ILLINOIS
Pollution Control Board

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none">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 <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: 10/16/08 B.M. PCB 2005-110 Monica T. Rios Hodge Dwyer Zeman 3150 Roland Avenue Post Office Box 5776 Springfield, IL 62705-5776	B. Received by (Printed Name) C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
	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
2. Article Number: (Transfer from service label)	7008 0500 0000 4545 6332
PS Form 3811, February 2004	Domestic Return Receipt 102595-02-M-1540

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	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
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	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number: (Transfer from service label)	7008 0500 0000 4545 6325
PS Form 3811, February 2004	Domestic Return Receipt 102595-02-M-1540