SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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: 9/17/09 B.M. PCB 2004-207 Edward Pruim Community Landfill Company 	Signature Agent Addressee R. Received by (<i>Printed Name</i>) C. Date of Delivery G-1G-G I. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
c/o Morris Community Landfill 1501 Ashley Road SEP Morris, IL 60450	3. Service Type Service Type Service Mail Registered Insured Mail C.O.D. A Rectired Polymon (Fights Fight)
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7009 0960 0000 5942 0203	
PS Form 3811, February 2004 Domestic Retu	In Receipt 102595-02-M-1540

