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STATE OF ILLINOIS
Pollution Control Board

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<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 <i>Patrick Davis</i> <input type="checkbox"/> Addressee
1. Article Addressed to: 1/5/06 B.M. PCB 2006-106 John S. Swearingen Marathon Ashland Petroleum Refinery Office Building Robinson, IL 62454	B. Received by (Printed Name) <input checked="" type="checkbox"/> Yes <i>Patrick Davis</i> <input type="checkbox"/> No C. Date of Delivery <input checked="" type="checkbox"/> Yes <i>1-19-06</i> <input type="checkbox"/> No D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number (Transfer from service label)	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.
PS Form 3811, February 2004	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes 7005 1160 0002 2443 1453 Domestic Return Receipt 102595-02-M-1540