

RECEIVED
CLERK'S OFFICE

JUN 09 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: 5/18/06 B.M.
AC 205-018
Kevin J. Babb
309 Hillsboro Avenue
Edwardsville, IL 62025

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Lynnette Berg

B. Received by (Printed Name) *Lynnette Berg* C. Date of Delivery *5/16/06*

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 2067 9248