

ORIGINAL

RECEIVED
CLERK'S OFFICE

JUN 09 2006

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 X <div style="text-align: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</div>
1. Article Addressed to: 6/1/06 B.M. PCB 2005-053 c/o C.T. Corporation System Clean Harbors Environmental Services, Inc. 208 S. LaSalle Street, Ste. 814 Chicago, IL 60604-1101	B. Received by (Printed Name) _____ Date of Delivery _____ <div style="text-align: center;">RECEIVED JUN 08 2006 CT SOP DEPT</div>
2. Article Number (Transfer from service label) 7005 1160 0002 2067 9385	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

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540