

ORIGINAL

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CLERK'S OFFICE

JUN 22 2006

STATE OF ILLINOIS
Pollution Control

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"/> <i>Mel Kulik</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Address: 6/15/06 B.M. PCB 2005-180 Peter C. Swan Emalfar, Swan & Bain 440 Central Avenue Highland Park, IL 60035	B. Received by (Printed Name)	C. Date of Delivery 6-21-06
2. Article Number (Transfer from service label) 7005 1160 0002 2067 9484	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, February 2004	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	
Domestic Return Receipt 102595-02-M-1540		

PCB 05-180