

ORIGINAL

RECEIVED
CLERK'S OFFICE

AUG 01 2006

STATE OF ILLINOIS
Pollution Control Board

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: 7/20/06 B.M.
AC 2006-045
Waste Management of Illinois,
Inc.
CT Corporation Systems
208 S. La Salle Street, Ste. 814
Chicago, IL 60604-1101

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent

☐ Addressee

X

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

RECEIVED
JUL 31 2006
CT SOP DEPT

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 9729

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540