

ORIGINAL

RECEIVED  
CLERK'S OFFICE

AUG 02 2006

STATE OF ILLINOIS  
Pollution Control Board

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |  |
|--|---|--|
| <ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul> | A. Signature<br>x <u>Mark Bartherson</u> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee   |  |
| 1. Article Addressed to: <u>7/20/06 B.M.</u><br><u>AC 2006-045</u><br><u>Mark Bartherson</u><br><u>29755 S. Prairie View Drive</u><br><u>Wilmington, IL 60481</u>  | B. Received by (Printed Name)   | C. Date of Delivery<br><u>08/01/06</u> |
| 2. Article Number<br>(Transfer from service label)   | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No   |  |
| PS Form 3811, February 2004  | 3. Service Type<br><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. |  |
|  | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes  |  |
|  | 7005 1160 0002 2067 9736  |  |

PS Form 3811, February 2004

Domestic Return Receipt

10259S-02-M-1540