

ORIGINAL

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CLERK'S OFFICE

MAY 31 2005

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 <input checked="" type="checkbox"/> <i>Diane Beers</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: 5/19/05 B.M. AC 2005-062 Tom Frese F.I.M., Inc. 1627 State Street Quincy, IL 62301	B. Received by (<i>Printed Name</i>) <i>Diane Beers</i>	C. Date of Delivery <i>5-26-05</i>
2. Article Number (<i>Transfer from service label</i>) 7004 2890 0004 2307 0936	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.	
Domestic Return Receipt	4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes	

102595-02-M-1540