

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: 9/2/04 B.M.
AC 2005-006
Lomac Payton
Knox County Landfill Committee
Knox County Courthouse
Galesburg, IL 61401

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
X Linda Stroops Addressee
- B. Received by (Printed Name) *LINDA STROOPS* Addressee
C. Date of Delivery *SEP 13 2004*
- D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

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) 7004 1160 0005 4126 2595

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

ORIGINAL

RECEIVED
CLERK'S OFFICE
SEP 20 2004
STATE OF ILLINOIS
Pollution Control Board