

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. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X _____</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>_____ SEP 20 2004</p>
<p>1. Article Addressed to: 9/16/04 B.M.</p> <p>PCB 1991-017</p> <p>Mark Latham</p> <p>Gardner, Carton & Douglas</p> <p>191 N. Wacker Drive, Suite 3700</p> <p>Chicago, IL 60606-1698</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <hr/> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <hr/> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) 7002 0860 0004 9617 9861</p>	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

ORIGINAL

RECEIVED
CLERK'S OFFICE

SEP 24 2004

STATE OF ILLINOIS
Pollution Control Board