

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: 7/8/04 B.M.
 AC 2003-013
 John Grivetti
 Box 251
 Wenona, IL 61377

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Address

B. Received by (Printed Name) C. Date of Delivery
 John Grivetti 7-16-04

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) 7002 2030 0004 5523 8890

PS Form 3811, August 2001

Domestic Return Receipt

**RECEIVED
CLERK'S OFFICE**

102595-02-M-11

JUL 19 2004

**STATE OF ILLINOIS
Pollution Control Board**