

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: 7/22/04 B.M.

AC 2004-081

Ralph and Lois Williams

189 Knox Road, 730 N

Galesburg, IL 61410

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Lois Williams*☐ Agent☐ Addressee

B. Received by (Printed Name)

Lois Williams

C. Date of Delivery

*7-29-04*D. Is delivery address different from item 1? ☐ YesIf 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 9040

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

RECEIVED
CLERK'S OFFICE

AUG - 2 2004

STATE OF ILLINOIS
Pollution Control Board