

**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.  
AS 2004-001  
Dale A. Guariglia  
Bryan Cave, LLP  
One Metropolitan Square  
211 North Broadway, Suite 3600  
St. Louis, MO 63102-2750

2. Article Number  
(Transfer from service label) 7002 2030 0004 5523 9019

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

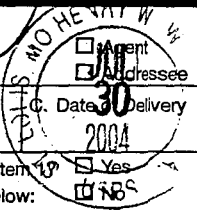
A. Signature

X *S. LEAK*  Agent  Addressee

B. Received by (Printed Name)

*S. LEAK*

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:



3. Service Type

- Certified Mail  Express Mail
- Registered  Return Receipt for Merchandise
- Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

ORIGINAL

**RECEIVED**  
CLERK'S OFFICE

AUG 04 2004

STATE OF ILLINOIS  
Pollution Control Board