

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. 		A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: AC 2004088 Gene Evans 4645 W. Harrison St. Chicago, IL 60644		B. Received by (Printed Name)	C. Date of Delivery 8-25-04
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7003 1680 0002 0581 3613			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

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STATE OF ILLINOIS
Pollution Control Board

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1. Article Addressed to:

AC 2004-088
Maggie Rice
Chicago Department of Environment
30 North LaSalle, St.
Suite 2500
Chicago, IL 60602-2575

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Miranda Johnson* ☒ Agent ☐ Addressee

B. Received by (Printed Name)

Miranda Johnson

C. Date of Delivery

8-25-04

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 7004 1160 0005 4126 3042

(Transfer from service label)

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