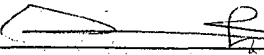


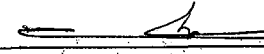
RECEIVED  
CLERK'S OFFICE

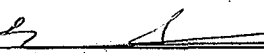
NOV 15 2004

STATE OF ILLINOIS  
Pollution Control Board

ORIGINAL

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"><li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>Print your name and address on the reverse so that we can return the card to you.</li><li>Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>	A. Signature <b>X</b>  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: 11/4/04 B.M. PCB 1991-017 Sheila H. Deely Gardner Carton & Douglas 191 N. Wacker Drive, Suite 3700 Chicago, IL 60606-1698	B. Received by (Printed Name) C. Date of Delivery  D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No  NOV 12 2004
2. Article Number (Transfer from service label) 7004 1160 0005 4124 9749	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.
PS Form 3811, February 2004	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
Domestic Return Receipt 102595-02-M-1540	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"><li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>Print your name and address on the reverse so that we can return the card to you.</li><li>Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>	A. Signature <b>X</b>  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: 11/4/04 B.M. PCB 1991-017 Richard J. Kissel Gardner Carton & Douglas 191 N. Wacker Drive, Suite 3700 Chicago, IL 60606-1698	B. Received by (Printed Name) C. Date of Delivery  D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No  NOV 12 2004
2. Article Number (Transfer from service label) 7004 1160 0005 4124 9732	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.
PS Form 3811, February 2004	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
Domestic Return Receipt 102595-02-M-1540	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"><li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>Print your name and address on the reverse so that we can return the card to you.</li><li>Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>	A. Signature <b>X</b>  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: 11/4/04 B.M. PCB 1991-017 Mark Latham Gardner Carton & Douglas 191 N. Wacker Drive, Suite 3700 Chicago, IL 60606-1698	B. Received by (Printed Name) C. Date of Delivery  D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No  NOV 12 2004
2. Article Number (Transfer from service label) 7004 1150 0005 4124 9725	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.
PS Form 3811, February 2004	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
Domestic Return Receipt 102595-02-M-1540	