

**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.  
PCB 2002-003  
John Kalich  
Karaganis & White, Ltd.  
414 N. Orleans Street  
Suite 810  
Chicago, IL 60610

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Paul T. Lucic*

Agent

Addressee

B. Received by (Printed Name)

Paul T. Lucic

C. Date of Delivery

7-29-04

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 0860 0004 9618 4711

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**RECEIVED**  
CLERK'S OFFICE

AUG - 2 2004

STATE OF ILLINOIS  
Pollution Control Board