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CLERK'S OFFICE

SEP 15 2004

ORIGINAL

STATE OF ILLINOIS  
Pollution Control Board

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY  |
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| <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> | <p>A. Signature <input type="checkbox"/> Agent<br/><input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent<br/><input checked="" type="checkbox"/> Addressee</p> <p>C. Date of Delivery</p> <p>GREG NIEBRUGGE 9/13/04</p>  |
| <p>1. Article Addressed to: 9/2/04 B.M.<br/>PCB 2005-042<br/>Chris &amp; Gregg Niebrugge<br/>6923 E. 600 Avenue<br/>Dietrich, IL 62424</p>   | <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes<br/>If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>P.O. Box 242<br/>Dietrich, IL 62424</p> <p>3. Service Type<br/><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br/><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br/><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |
| <p>2. Article Number<br/>(Transfer from service label) 7004 1160 0005 4123 1553</p>  |  |
| <p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>  |  |