

ORIGINAL

RECEIVED  
CLERK'S OFFICE

JAN 21 2005

STATE OF ILLINOIS  
Pollution Control Board

**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: 1/6/05 B.M.  
 AC 2005-039  
 Scott Rueter  
 Macon County State's Attorney  
 253 East Wood Street  
 Decatur, IL 62523

2. Article Number  
 (Transfer from service label) 7004 0750 0004 3960 2335

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery  
 Kim Sloan 1/18/05

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