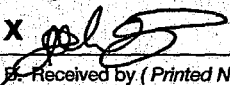


SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature  </p> <p><input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: 7/8/04 B.M.  AC 2003-021  Twillia Williams Smith  John Smith  201 Grand  Anna, IL 62906</p>		<p>B. Received by (Printed Name) <u>JOHN P SMITH</u></p> <p>C. Date of Delivery <u>7-17-04</u></p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
		<p>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.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number  (Transfer from service label) 7002 2030 0004 5523 8906</p>			
PS Form 3811, August 2001		Domestic Return Receipt	
		102595-02-M-1540	

**RECEIVED**  
CLERK'S OFFICE

JUL 20 2004

STATE OF ILLINOIS  
Pollution Control Board