

ORIGINAL

RECEIVED
CLERK'S OFFICE

OCT 19 2004

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: 10/7/04 B.M.
 AC 2005-014
 Registered Agent of
 CT Corporation System
 208 S. LaSalle Street
 Suite 804
 Chicago, IL 60604

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Handwritten Signature]

B. Received by (Printed Name)

C. Date of Delivery

- Agent
- Addressee

10-18

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type

- Certified Mail
- Registered
- Insured Mail

- Express Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
(Transfer from service label)

7002 0860 0004 9617 9946

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540