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: 7/8/04 B.M.
AC 2004-076
Robert Wilson
Landfill, ELC
P.O. Box 657
622 N. Granger
Harrisburg, IL 62946

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery

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

HARRISBURG IL 62946
USPS
JUL 20 2004

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 2030 0004 5523 8968

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

RECEIVED
CLERK'S OFFICE
JUL 22 2004
STATE OF ILLINOIS
Pollution Control Board