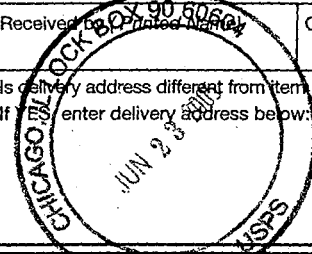


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STATE OF ILLINOIS
Pollution Control Board

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none">■ 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.	A. Signature <i>X F Gozman</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: 6/16/05 B.M. PCB 2004-100 Cara M. Mastrian FagelHaber LLC 55 E. Monroe Street, 40th Floor Chicago, IL 60603	B. Received by <i>90606</i> C. Date of Delivery <i>6-22</i>
2. Article Number (Transfer from service label) 7004 2890 0004 2307 1100	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If so, enter delivery address below: <input type="checkbox"/> No 
PS Form 3811, February 2004	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. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes