

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: 8/5/04 B.M.
 AC 2004-018
 Luther Coleman
 624 W. Logan
 Harrisburg, IL 62946

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 X *Luther Coleman* Addressee

B. Received by (*Printed Name*) Agent
[Signature] C. Date of Delivery Addressee
 8/12/04

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

2. Article Number (Transfer from service label) 7002 0860 0004 9618 4896

RECEIVED
 CLERK'S OFFICE
 AUG 16 2004
 STATE OF ILLINOIS
 Pollution Control Board