

ORIGINAL

RECEIVED  
CLERK'S OFFICE

OCT - 6 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: 9/16/04 B.M.  
PCB 2002-164  
Barbara and Ronald Stuart ✓  
213 East Corning Road  
Beecher, IL 60401

2. Article Number (Transfer from service label) 7002 0860 0004 9617 9885

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 *Barbara Stuart*  Agent  
 Addressee

B. Received by (Printed Name) *Barbara Stuart* C. Date of Delivery *10/5/04*

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

Domestic Return Receipt

102595-02-M-1540