

JOURNAL

RECEIVED  
CLERK'S OFFICE

NOV 01 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: 10/21/04 B.M.

PCB 2005-027  
Heritage FS, Inc.  
Route 45 South  
Box 339  
Gilman, IL 60938

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*[Handwritten Signature]*

- Agent  
 Addressee

B. Received by (Printed Name)

JARND

C. Date of Delivery

10-29-04

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)

7004 1160 0005 4126 4032