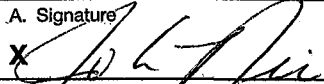


SENDER: COMPLETE THIS SECTION

- 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: 7/22/04 B.M. ✓
 PCB 2004-142
 Charles Thomas Sewell
 Strom, Sewell, Larson & Popp
 215 South State Street
 Belvidere, IL 61008

COMPLETE THIS SECTION ON DELIVERY

A. Signature 		<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) J. A. Nissen	C. Date of Delivery 7/29/04	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No		
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		

2. Article Number: 7702 08600004 9618 4810
 (Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

RECEIVED
 CLERK'S OFFICE
 AUG - 2 2004
 STATE OF ILLINOIS
 Pollution Control Board