

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature X <i>Carl Benedict</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: 7/22/04 B.M. AC 2003-032 Carl Benedict 2500 West Farmington Road West Peoria, IL 61604		B. Received by (Printed Name) <i>CARL BENEDEC</i>	C. Date of Delivery <i>7/29/04</i>
		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 (Transfer from service label) 7002 2030 0004 5523 9026			
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540			

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