DRIGINAL.

SEP 15 2004
STATE OF ILLINOIS
Pollution Control Board

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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 his card to the back of the mailpiece, or on a front if space permits. 1. Article diessed to: 9/2/04 B.M PCB 25-037 Cray Mussman Mussman's Back Acres 9998 N. 16000 E.Road	A. Signature X. Addressee B. Received by (Printed Name) C. Date of Delivery Addressee C. Date of Delivery Addressee B. Received by (Printed Name) C. Date of Delivery Addressee B. Received by (Printed Name) C. Date of Delivery Addressee B. Received by (Printed Name) C. Date of Delivery Addressee B. Received by (Printed Name) C. Date of Delivery Addressee B. Received by (Printed Name) C. Date of Delivery Addressee B. Received by (Printed Name) C. Date of Delivery Addressee D. Is delivery address delivery address below:
Grant Park, IL 60940	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee)
2. Arti (Tra	
PS Fa	102595-02-M-1540