

RECEIVED
CLERK'S OFFICE

AUG 30 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.

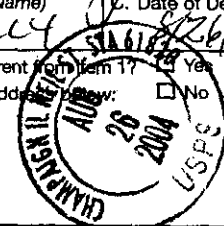
1. Article Addressed to:
PCB 2004-218
Deborah Frank Feinen
P. O. Box 227
Champaign, IL 61824-0227

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Traci Nally* Agent Addressee

B. Received by (Printed Name) *TRACI NALLY* C. Date of Delivery *8/26/04*

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:



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 *7004 1160 0005 4126 3080*
(Transfer from service label)