

RECEIVED
CLERK'S OFFICE

DEC 13 2004

STATE OF ILLINOIS
Pollution Control Board

ORIGINAL

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ 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.		A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article addressed to: 12/2/04 B.M.		B. Received by (Printed Name) M. JAVAS	C. Date of Delivery DEC 09 2004
PCE 200-101		D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Tracee Mihelic		3. Service Type	
Baker McKenzie		<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail	
One Residential Plaza		<input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise	
130 Randolph Drive		<input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
Chicago, IL 60601		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label) 7004 0750 0004 3960 1932		102595-02-M-1540	
PS Form 3811, February 2004		Domestic Return Receipt	