

ORIGINAL

RECEIVED
CLERK'S OFFICE

JAN 18 2005

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: 1/6/05 B.M.

AC 204-084

Roger Kinney

101 South Broadway

Salem, IL 62881

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Bev West

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Bev West

C. Date of Delivery

1-18-05

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

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

(Transfer from service label)

7004 0750 0004 3960 2267

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540