

ORIGINAL

RECEIVED  
CLERK'S OFFICE

SEP 17 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 mail piece, or on the front if space permits.

1. Article Addressed to: 9/2/04 B.M.  
AC 2005-003  
Ryan Wilson, P.E.  
Fehr-Graham and Associates  
221 E. Main Street  
Freeport, IL 61032

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Dee Johnson*  Agent  
 Addressee

B. Received by, (Printed Name) *Dee Johnson* C. Date of Delivery  
9/17/04

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 1160 0005 4126 2588