

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. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>X Brian Locke</i></p>
<p>1. Article Addressed to: 8/5/04 B.M. ✓</p> <p>PCB 2004-189</p> <p>Kent Ochs</p> <p>Wabash Valley Service, Inc.</p> <p>P.O. Box 333</p> <p>Fairfield, IL 62873</p>	<p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Brian Locke</i> <i>8-13-04</i></p>
	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>LLC</i></p> <p>If YES, enter delivery address below:</p>
	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
	<p>7004 1160 0005 4126 2991</p>

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

RECEIVED
CLERK'S OFFICE
AUG 16 2004
STATE OF ILLINOIS
Pollution Control Board