

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. </p> <p> 1. Article Addressed to: 7/22/04 B.M. PCB 2004-100- 11 East Adams, LLC 200 W. Jackson Blvd., #1200 Chicago, IL 60606 </p>	<p> A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee </p> <p> B. Received by (Printed Name) <i>R. G. ...</i> C. Date of Delivery <i>8/18/04</i> </p> <p> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No </p> <p> 3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </p> <p> 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes </p>
<p> 2. Article Number (Transfer from service label) 7002 0860 0004 9618 4759 </p>	
<p> PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540 </p>	

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CLERK'S OFFICE

AUG 19 2004

STATE OF ILLINOIS
Pollution Control Board