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STATE OF ILLINOIS Pollution Control Board

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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: 2/3/05 B.M. PCB 2005-133 Gene Gibson Spoon River FS, Inc. d/b/a Riverland FS, Inc. 1528 Knox Road 600N Maquon, IL 61458 	A. Signature X. Signature A. Signature A. Signature A. Signature A. Signature A. Signature A. Signature A. Signature Agent Addressee B. Received by (<i>Pinted Name</i>) C. Date of Delivery 2//c/of 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	

PS Form 3811, February 2004

Domestic Return Receipt

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