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JUL 19 2005  
STATE OF ILLINOIS  
Pollution Control Board

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"><li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>Print your name and address on the reverse so that we can return the card to you.</li><li>Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>	A. Signature <input type="checkbox"/> Agent <i>x R M Cobetto</i> <input type="checkbox"/> Addressee	
1. Article Addressed to: <i>7/7/05 B.M.</i> AC 2005-075 Jim Roberts Montgomery County State's Attorney Montgomery County Courthouse 120 North Main Street, Room 212 Hillsboro, IL 62049	B. Received by (Printed Name) <i>R M COBETTO</i>	C. Date of Delivery <i>07-14-05</i>
2. Article Number (Transfer from service label) <i>7004 2890 0004 2307 1346</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	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.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	