

ORIGINAL

RECEIVED
CLERK'S OFFICE

AUG 23 2005

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: 8/4/05 B.M.

PCB 2006-012

David Billington

Rural Route 2, Box 96

5041 Richfield Road

Cisne, IL 62823

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *David Billington* 8/15/05 ☐ Agent ☐ Not Agent

B. Received by (Printed Name): *David Billington* Date of Delivery: *8-15-05*

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)

70042890 0004 2307 1520