

ORIGINAL

RECEIVED
CLERK'S OFFICE

OCT 31 2005

STATE OF ILLINOIS
Pollution Control Board

| COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY | |
|---|---|--|
| <p>Items 1, 2, and 3. Also complete Restricted Delivery is desired.</p> <p>Signature and address on the reverse return the card to you.</p> <p>Address on the back of the mailpiece, space permits.</p> <p>Date: 10/20/05 B.M.</p> <p>4</p> <p>ter</p> <p>Mobile Home Park</p> <p>Route 45-52</p> <p>L 60922</p> <p><i>PLS 10/20/05</i></p> | <p>A. Received by (Please Print Clearly) <i>Leonard Foster</i></p> <p>B. Date of Delivery <i>10-27-05</i></p> <p>C. Signature</p> <p><input checked="" type="checkbox"/> <i>LEONARD FOSTER</i></p> <p><input type="checkbox"/> Agent</p> <p><input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes</p> <p>If YES, enter delivery address below: <input type="checkbox"/> No</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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> | |
| <p>by from service label)</p> <p>0002 2069 4043</p> | | |

July 1999

Domestic Return Receipt

102595-99-M-1789