

ORIGINAL

RECEIVED
CLERK'S OFFICE

JAN 27 2006

STATE OF ILLINOIS
Pollution Control Board

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ 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.		<p>A. Signature <input checked="" type="checkbox"/> <i>Kathy L. Pack</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: 1/19/06 B.M. ✓ PCB 2004-192 Kevin B. Hynes O'Keefe, Lyons & Hynes, LLC 30 N. LaSalle Street Suite 4100 Chicago, IL 60602</p>		<p>B. Received by (Printed Name) <i>Kathy L. Pack</i></p>	<p>C. Date of Delivery <i>1-26-06</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) 7005 1160 0002 2443 1521</p>			

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540