

ORIGINAL

RECEIVED
CLERK'S OFFICE

MAR 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. | A. Signature <input checked="" type="checkbox"/> X <i>J. Turley</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee |
| | B. Received by (Printed Name) <i>Turley</i> C. Date of Delivery |
| 1. Article Addressed to: 3/16/06 B.M. PCB 2006-015 Tracy D. Elzemeyer 727 Craig Road St. Louis, MO 63141 | 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 |
| 2. Article Number (Transfer from service label) 7005 1160 0002 2067 8784 | |
| PS Form 3811, February 2004 | Domestic Return Receipt 102595-02-M-1540 |