

RECEIVED
CLERK'S OFFICE

MAY 01 2006

STATE OF ILLINOIS
Pollution Control Board

ORIGINAL

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 X <i>Delores Rowland</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: 4/20/06 B.M. PC# 2006-154 David S. Miller Quebecor Printing Mt. Morris, Inc. 404 North Wesley Avenue Mount Morris, IL 61054	B. Received by (Printed Name) C. Date of Delivery <i>Delores Rowland</i> <i>4-27-06</i>
2. Article Number (Transfer from service label)	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
	7005 1160 0002 2067 9101

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540