

ORIGINAL

RECEIVED  
CLERK'S OFFICE

MAY 30 2006

STATE OF ILLINOIS  
Pollution Control Board

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
<ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul> <p>1. Article Addressed to: 5/18/06 B.M. PCB 2006-165 Terry Owozarak 480 W. Dussel Drive P.O. Box 119 Maumee, OH 43537</p>	<p>A. Signature X <i>J. Bockbrader</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <table border="1" data-bbox="917 577 1421 640"><tr><td>B. Received by (<i>Printed Name</i>)</td><td>C. Date of Delivery <i>5/26/06</i></td></tr></table> <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? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>	B. Received by ( <i>Printed Name</i> )	C. Date of Delivery <i>5/26/06</i>
B. Received by ( <i>Printed Name</i> )	C. Date of Delivery <i>5/26/06</i>		
<p>2. Article Number (<i>Transfer from service label</i>) 7005 1160 0002 2067 9323</p>			
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>			