

ORIGINAL

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CLERK'S OFFICE

OCT 24 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>A. Signature <b>X</b> <i>Michael Deemie</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Michael Deemie</i></p> <p>C. Date of Delivery <i>9-18-06</i></p> <p>D. Is delivery address different from above? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p><b>SEP 18 2006</b></p>	
1. Article Addressed to: <i>9/7/06 B.M.</i> <i>PCB 2005-079</i> <i>Walter E. Deemie</i> <i>River City Demolition</i> <i>P.O. Box 726</i> <i>Peoria, IL 61652</i>		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.	
2. Article Number (Transfer from service label) <i>7005 1160 0002 2068 0237</i>		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	