

RECEIVED  
CLERK'S OFFICE

NOV 13 2006

STATE OF ILLINOIS  
Pollution Control Board

ORIGINAL

| 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 <input checked="" type="checkbox"/> Agent<br/><input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes<br/>If YES, enter delivery address below: _____ <input type="checkbox"/> No</p> |
| 1. Article Addressed to: 11/2/06 B.M.<br>PCB 2006-003<br>James B. Bleyer<br>Bleyer & Bleyer<br>601 West Jackson Street<br>P.O. Box 487<br>Marion, IL 62959   | 3. Service Type<br><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>              |
| 2. Article Number<br>(Transfer from service label) 7005 1160 0002 2068 0619  |   |
| PS Form 3811, February 2004 Domestic Return Receipt 108505-02 M-1540   |   |