

ORIGINAL

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CLERK'S OFFICE

NOV 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"/> Agent <input type="checkbox"/> Addressee X <i>[Signature]</i>	
1. Article Addressed to: 11/16/06 B.M. AS 2006-004 Sasha M. Reyes Baker & McKenzie One Prudential Plaza, Ste. 3500 130 E. Randolph Drive Chicago, IL 60601	B. Received by (Printed Name) <i>KJANAK</i>	C. Date of Delivery <i>11/27</i>
2. Article Number (Transfer from service label) 7005 1160 0002 2068 0725	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		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

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1. Article Addressed to: 11/16/06 B.M. AS 2006-004 John W. Watson Baker & McKenzie One Prudential Plaza, Ste. 3500 130 E. Randolph Drive Chicago, IL 60601	B. Received by (Printed Name) <i>KJANAK</i>	C. Date of Delivery <i>11/27</i>
2. Article Number (Transfer from service label) 7005 1160 0002 2068 0732	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.		
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