

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to: 4/19/07 B.M.  
 AC 2007-044  
 Jerry Tomlinson  
~~109 North Adams~~ PO Box  
 Washburn, IL 61570-0495

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee  
 X *Jerry Tomlinson*

B. Received by (Printed Name) C. Date of Delivery  
*Jerry Tomlinson* *5-2-07*

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No  
*PO Box 495*  
*Washburn, IL 61570-0495*

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
 (Transfer from service label) 7001 1140 0002 7489 2778

ORIGINAL

**RECEIVED**  
 CLERK'S OFFICE  
 MAY 07 2007  
 STATE OF ILLINOIS  
 Pollution Control Board