

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"/> <i>John Moreland</i> <div style="float: right;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div>	
1. Article Addressed to: <i>5/3/07 B.M.</i> AC 2007-021 David E. Cox 346 Franklin Street Bement, IL 61813	B. Received by (Printed Name) <i>John Moreland</i>	C. Date of Delivery <i>5-12-07</i>
2. Article Number (Transfer from service label) 7006 0100 0000 7374 7866	D. Is delivery address different from item 1? If YES, enter delivery address below: <div style="float: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>	
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540

ORIGINAL

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 CLERK'S OFFICE
 MAY 14 2007
 STATE OF ILLINOIS
 Pollution Control Board