

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: 5/3/07 B.M.
 AC 2007-047
 Emily S. Seifert ✓
 Ogle County State's Attorney
 Office
 106 S. 5th St., Suite 110
 Oregon, IL 61061-1696

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 x *Trisha Morrow* Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
Trisha Morrow *5/14/07*

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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) 7006 0100 0000 7374 7880

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

ORIGINAL

**RECEIVED
CLERK'S OFFICE**

MAY 21 2007

**STATE OF ILLINOIS
Pollution Control Board**