

**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 2007-021  
 Tim Walker  
 3710 Christmas Tree Road  
 Decatur, IL 62521

**COMPLETE THIS SECTION ON DELIVERY**

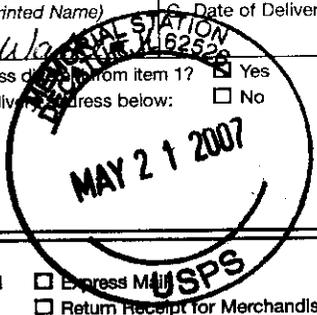
A. Signature *Tim Walker*  Agent  
 Addressee

B. Received by (Printed Name) *Susan M. Walker* C. Date of Delivery *5/3/07*

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



ORIGINAL

2. Article Number (Transfer from service label) 7006 0100 0000 7374 7873

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**RECEIVED**  
CLERK'S OFFICE

MAY 25 2007

STATE OF ILLINOIS  
Pollution Control Board