

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: 5/17/07 B.M.
 AC 2007-049
 Herman F. and Karen Meyers
 5328 Staton Ridge Road
 Belknap, IL 62908

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Herman Meyers* Agent
 Addressee

B. Received by (Printed Name) _____ C. Date of Delivery
 _____ 05/24/07

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 2760 0003 5423 6720

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

ORIGINAL

RECEIVED
CLERK'S OFFICE

MAY 29 2007

STATE OF ILLINOIS
Pollution Control Board