

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: 11/5/08 B.M.

AS 2008-003

Penni S. Livingston

Livingston Law Firm

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Fairview Heights, IL 62208

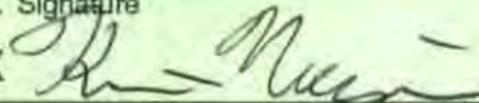
2. Article Number

(Transfer from service label)

7008 0500 0000 4545 5274

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X  Agent AddresseeB. Received by (*Printed Name*)

Kevin Wisniewski

C. Date of Delivery

11/10/08

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below:

 No

RECEIVED
 NOV 17 2008
 STATE OF ILLINOIS
 POLLUTION CONTROL BOARD
 CLERK'S OFFICE

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.4. Restricted Delivery? (*Extra Fee*) Yes