

ORIGINAL

RECEIVED
CLERK'S OFFICE

NOV 28 2006

STATE OF ILLINOIS
Pollution Control Board

| 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. | <p>A. Signature X <i>Steve J. Freeman</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> |
| | <p>B. Received by (Printed Name) <i>Steve J. Freeman</i> C. Date of Delivery <i>11/22/06</i></p> |
| | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> |
| <p>1. Article Addressed to: <i>11/16/06 B.M.</i> <i>AC 2005-040</i> <i>Wayne Klinger</i> <i>Northern Illinois Service</i> <i>Company</i> <i>4781 Sandy Hollow Road</i> <i>Rickford, IL 61109</i></p> | <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> |
| <p>2. Article Number (Transfer from service label) <i>7005 1160 0002 2068 0749</i></p> | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |

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