| | SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|----------|--|---|
| ORIGINAL | 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. Article Addressed to: 3/1/07 B.M. PCB 2007-077, PCB 2007-078 Rick Dietricx Dynegy Midwest Generations, Inc. | A. Signature A. Signature B. Received by (<i>Printed Name</i>) C. Date of Deliver Agent C. Date of Deliver Agent C. Date of Deliver Agent C. Date of Deliver Agent A |
| | 2828 North Monroe STreet | |
| | Decatur, IL 62526 | Service Type Service Type Generating Mail Registered Insured Mail C.O.D. |
| | 4 | 4. Restricted Delivery? (Extra Fee) |
| | 2. Article Number (Transfer from service label) 7001 1140 0002 | 7469 0176 |

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

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STATE OF ILLINOIS Pollution Control Board