ORI	GI	NA	L

SENDER: COMPLETE THIS SECTION	A. Signature X. A. Signature B. Received by ( <i>Printed Name</i> ) D. Is delivery address different from item 12 Yes	
<ul> <li>Complete items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailplece, or on the front if space permits.</li> </ul>		
1. Article Addressed to: 3/1/07 B.M. PCB 2007-029	D. Is delivery address different from item 1? LJ Yes If YES, enter delivery address below: D No	
Gary L. Donley, Registered Agen	5	
Pinnacle Genetics, LLC		
106 E. State Street	3. Service Type	
P.O. Box 220	15 Certified Mail Express Mail	
Camp Point, IL 62320	Registered Return Receipt for Merchandi	
	4. Restricted Delivery? (Extra Fee)	
2. Article Number (Transfer from service label) 7001 1140 000	2 7469 0107	
PS Form 3811, February 2004 Domestic Ref	turn Receipt 102595-02-M-15	

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