

ORIGINAL

**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: 3/15/07 B.M.  
PCB 2006-079  
Dan Fisher  
City of Gillespie  
115 North Macoupin  
Gillespie, IL 62033

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 *Kristal Norville*  Address

B. Received by (Printed Name) *Kristal Norville* C. Date of Delivery *3-23-07*

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) 7001 1140 0002 7469 0251

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

**RECEIVED**  
CLERK'S OFFICE  
APR 04 2007  
STATE OF ILLINOIS  
Pollution Control Board