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いってい パー・フィー・イー・イン SENDER: COMPLETE THIS SECTION A. Signatur Complete items 1, 2, and 3. Also complete Agent item 4 if Restricted Delivery is desired. Х Print your name and address on the reverse Addresse so that we can return the card to you. B. Received by (Printed Name) C. Date of Deliver Attach this card to the back of the mailpiece, 4-28-07 or on the front if space permits. D. Is delivery address different from item 1? 🛛 Yes 1. Article Addressed to: 4/19/07 B.M. 🗆 No If YES, enter delivery address below: AC 2007-046 Adolph M. Lo 906 W. Curtis Road Champaign, IL 61821 3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandls Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) C Yes 2. Article Number (Transfer from service label) 7001 1140 000217489 2785 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

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