

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: 4/19/07 B.M.

PCB 2005-191

Steven D. Grimm

Grimm Law Office

P.O. box 632

209 S. Morrison Ave..

Collinsville, IL 62234

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Carol Winterich

☐ Agent☐ Addressee

B. Received by (Printed Name)

Carol Winterich

C. Date of Delivery

4/30/07

D. Is delivery address different from item 1? ☐ YesIf 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) 7006 0100 0000 7374 7705

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

RECEIVED
CLERK'S OFFICE

MAY 02 2007

STATE OF ILLINOIS
Pollution Control Board

ORIGINAL