

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <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 mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> <i>D. Schweih</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: 5/3/07 B.M. PCB 2006-160 Donald G. Schweih Law Office of Donal G. Schweih P.O. Box 6614 Galena, IL 61036	B. Received by (Printed Name) <i>Schweih</i>	C. Date of Delivery <i>5-2-07</i>
2. Article Number (Transfer from service label) 7006 0100 0000 7374 7958	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, February 2004	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

ORIGINAL

**RECEIVED**  
 CLERK'S OFFICE  
 MAY 14 2007  
 STATE OF ILLINOIS  
 Pollution Control Board