

| 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> | <p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent<br/><input type="checkbox"/> Addressee</span></p> <p>X</p> <p>B. Received by (Print Name) <span style="float: right;">C. Date of Delivery</span></p>  |                  |
| <p>1. Article Addressed to: 5/3/07 B.M.<br/>PCB 2006-078<br/>North American Lighting, Inc.<br/>CT Corporation Systems<br/>208 S. LaSalle Street, Ste. 814<br/>Chicago, IL 60604-1101</p>   | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>If YES enter delivery address below: <input type="checkbox"/> No</p> <p>MAY 14 2007</p> <p>CT SOP DEPT</p> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br/> <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |                  |
| <p>2. Article Number<br/>(Transfer from service label) 7006 0100 0000 7374 7910</p>  |  |                  |
| PS Form 3811, February 2004  | Domestic Return Receipt  | 102595-02-M-1540 |

ORIGINAL

RECEIVED  
CLERK'S OFFICE

MAY 15 2007

STATE OF ILLINOIS  
Pollution Control Board