SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul> <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 A. Signature A. Signature A. Signature A. Agent Addressee B. Received by ( <i>Printed Name</i> ) C. Date of Delivery TA mar A Nee Sc D. Is delivery address different from item 1? Ves	ORIGIN
1. Article Addressed to: 5/3/07 B.M. PCB 2007-041	If YES, enter delivery address below:	RECEIVED CLERK'S OFFICE
c/o Ronnie Wayne Goewey		MAY 1 6 2007
Village of Nebo Nebo Village Hall	3. Service Type	STATE OF ILLINOIS Pollution Control Boar
P.O. box 277		
Nebo, IL.62355	Registered       Insured Mail         Insured Mail       C.O.D.	
	4. Restricted Delivery? (Extra Fee)	

PS Form 3811, February 2004

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**Domestic Return Receipt** 

TATE OF ILLINOIS

102595-02-M-1540

ORIGINAL