

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: 5/3/07 B.M.
 AC 2004-051
 Michael Moreton
 P.O. box 309
 Ashmore, IL 61912

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
[Signature]
 B. Received by (Printed Name) *M. Moreton* C. Date of Delivery *5/19/07*
 D. Is delivery address different from item 1? Yes
 If 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 7781

RECEIVED
 CLERK'S OFFICE
 MAY 22 2007
 STATE OF ILLINOIS
 Pollution Control Board

ORIGINAL