

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ 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. 	A. Signature <input checked="" type="checkbox"/> <i>Lawrence A. Bartolomu</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: 5/17/07 B.M. AGC2007-036, AC 2007-037 & AC 2007-038 Lawrence A. Bartolomu P.O. Box 2325 Mt. Vernon, IL 62864	B. Received by (Printed Name) _____ C. Date of Delivery: 5/29/07 D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number (Transfer from service label) 7006 2760 0003 5423 6713	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" 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

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 STATE OF ILLINOIS
 Pollution Control Board