

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: 6/7/07 B.M.
 PCB 2004-213
 William Kovar
 330 South Main Street
 Lombard, IL 61048

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
William Kovar

B. Received by (Printed Name) C. Date of Delivery
William Kovar *6-15-07*

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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) Yes

2. Article Number
 (Transfer from service label) 7006 2760 0003 5423 6997

RECEIVED
 CLERK'S OFFICE

JUN 18 2007

STATE OF ILLINOIS
 Pollution Control Board

ORIGINAL