

ORIGINAL

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CLERK'S OFFICE

JUL - 6 2007

STATE OF ILLINOIS
Pollution Control Board

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. <p>1. Article Addressed to: 6/7/07 B.M. PCB 2004-213 Dennis G. Walsh Klein, Thorpe and Jenkins, Ltd. 20 N. Wacker Drive, Ste. 1660 Chicago, IL 60606-2903</p>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee X <i>Dennis Walsh</i></p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <i>6/18/07</i></p> <p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____</p> <p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
2. Article Number (Transfer from service label)	7006 2760 0003 5423 6959
PS Form 3811, February 2004	Domestic Return Receipt 102595-02-M-1540