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STATE OF ILLINOIS Pollution Control Board

PS Form 3811, February 2004	Form 3811, February 2004 Domestic Return Receipt			102595-02-M-1540
4. Restricted Delivery? (Extra Fee)  2. Article Number  (Transfer from service label)  7007 0220 0003 0236 4200				
Champaign, IL 61824-0	980 /	3. Service Type Certified Mail Registered Insured Mail		pt for Merchandise
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: 7/12/07 B.M.  AC 2007-053  Harold A. Miller  Miller & Hendren  P.O. Box 980		D. Is delivery address different from the first of the property of the propert		
		A. Signature  Agent  Addressee  B. Received by ( Printed Name)  NEIL ST		
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY		