

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: 7/12/07 B.M.
PCB 2005-215, 06-103
Patrisha Gibbs
First Rockford Group
6801 Spring Creek Road
Rockford, IL 61114

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *V. A. Scott* Agent
 Addressee

B. Received by (*Printed Name*)
C. Date of Delivery
7-14-07

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*) 7007 0220 0003 0236 4262

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

ORIGINAL

RECEIVED
CLERK'S OFFICE
AUG 02 2007
STATE OF ILLINOIS
Pollution Control Board