

RECEIVED  
CLERK'S OFFICE

AUG 06 2007

STATE OF ILLINOIS  
Pollution Control Board

ORIGINAL

**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: 7/26/07 B.M.  
PCB 2005-015 & PCB 2005-016  
Carolyn S. Hesse  
Barnes & Thornburg  
1 N. Wacker Drive  
Suite 4400  
Chicago, IL 60606

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
*X David Wilder*  Addressee  
B. Received by (Printed Name) *D. Wilder*  
C. Date of Delivery *8.3.07*  
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 3081

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540