ORIGINAL

RECEIVED CLERK'S OFFICE

NOV 0 6 2007

STATE OF ILLINOIS Pollution Control Board

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 ■ 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: 10/18/07 B.M. PCB 2008-005 Attn: Jim Dunn Dunn's University BP P.O. Box 947 Charleston, IL 61920 	A. Signature Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from Item 1? Yes If YES, enter delivery address below: No 3. Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
2. Article Number	4. Restricted Delivery? (Extra Fee) ☐ Yes
(Transfer from service label) 7006 0810 000	04 2225 6452
PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-1540