

ORIGINAL

RECEIVED  
CLERK'S OFFICE

DEC 26 2007

STATE OF ILLINOIS  
Pollution Control Board

**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: 12/20/07 B.M.  
 Salam H. Nijme & Shaban Karam  
 A. Nigme  
 312 Largo Drive  
 Belleville, IL 62221

AC 0816 ✓

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature X <i>[Handwritten Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
B. Received by (Printed Name)	C. Date of Delivery 12-24-07
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

2. Article Number  
 (Transfer from service label) 7006 0810 0004 2225 2195