## JAN 042008 <br> STATE OF ILLINOIS Pollution Control Board

## ORIGINAL



| SENOER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |  |  |
| :---: | :---: | :---: | :---: |
| Complete items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. <br> 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. | A. Sgnature, <br> xflound <br> B. Received by ( <br> $84 \vee 10$ |  | $\square$ Agent 口 Addrossee C. Date of Delivery |
| 1. Articie Addressed to: $12 / 20 / 07$ B.M. <br> PCB 2007-135 <br> Charles J. Northrup <br> Sorling, Northrup, Hanna, | D. Is delivery address different from Item 1? If YES, enter dellivery address below: |  |  |
| Suite 800 Illinois Building 607 East Adams P.O. Box 5131 | 3. Senvice Type  <br> Geertified Mall $\square$ Express Mall <br> Registered $\square$ Return Recelpt for Merchandise <br> $\square$ insured Mail $\square$ C.O.D. |  |  |
| Springfield. IL 62705 | 4. Restricted Delivery? (Extra Fee) $\square$ Yes |  |  |
| 2. Article Number (Transfar from service label) 70060810000422252232 |  |  |  |

