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JAN 22 2008

STATE OF ILLINOIS
Pollution Control Board

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none">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.	A. Signature x <i>R. Wilson</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: 1/10/08 B.M. PCB 2008-025 Brian J. Meginnes Elias, Meginnes, Riffle & Seghetti, P.C. 416 Main Street Suite 1400 Peoria, IL 61602-1153	B. Received by (Printed Name) <i>R. Wilson</i> C. Date of Delivery <i>01-17-08</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No
2. Article Number (Transfer from service label) 7006 0810 0004 2225 2256	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.
Form 3811, February 2004	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
Domestic Return Receipt	
	102595-02-M-1540

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	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No
2. Article Number (Transfer from service label) 7006 0810 0004 2225 2263	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.
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