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**RECEIVED**  
CLERK'S OFFICE

APR 10 2008

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: 4/3/08 B.M.  
PCB 2008-046  
Mr. Don Deutsch  
625 W. Roosevelt Road  
West Chicago, IL 60185

2. Article Number  
(Transfer from service label) 7007 3020 0000 4630 5821

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Don Deutsch*  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery  
7/9/08

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