

ORIGINAL

RECEIVED  
CLERK'S OFFICE

APR 14 2008

STATE OF ILLINOIS  
Pollution Control Board

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Edwards</i> <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Edwards</i> C. Date of Delivery <i>4/10/08</i></p>	
<p>1. Article Addressed to: <i>4/3/08 B.M.</i></p> <p>PCB 2007-113  David L. Wentworth II  Hasselberg, Williams, Grebe,  Snodgrass &amp; Birdsall  124 SW Adams, Suite 360  Peoria, IL 61602-1320</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> <p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number  (Transfer from service label) <i>7007 3020 0000 4630 5760</i></p>		
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>		