

RECEIVED
CLERK'S OFFICE

APR 17 2008

STATE OF ILLINOIS
Pollution Control Board

ORIGINAL

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 2007-113
Alan Cooper, Rochelle City ✓
Attorney
233 E. Route 38, Suite 202
P.O. Box 194
Rochelle, IL 61068

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Ellen M. Miller* Agent Addressee

B. Received by (Printed Name): *ELEEN M. MILLER* C. Date of Delivery: *4-15-08*

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

2. Article Number
(Transfer from service label) 7007 3020 0000 4630 5791