

ORIGINAL

RECEIVED  
CLERK'S OFFICE  
APR 23 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>1. Article Addressed to: 4/17/08 B.M. PCB 2008-065 Dr. Michel Schelkopf 2435 Bethany Road Sycamore, IL 60178</p>	A. Signature <i>Julia Sch</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name)	C. Date of Delivery 4-22-08
	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)	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.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

7007 3020 0000 4630 6019