

ORIGINAL

RECEIVED
CLERK'S OFFICE

APR 23 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: 4/17/08 B.M.
 PCB 2008-067
 Dr. Charles Schelkopf
 2435 Bethany Road
 Sycamore, IL 60178

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Handwritten Signature]* Agent
 Addressee

B. Received by (Printed Name) _____ C. Date of Delivery
 4-22-08

D. Is delivery address different from item 1? Yes
 No
 If YES, enter delivery address below: _____

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 6026