
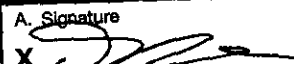


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STATE OF ILLINOIS  
Pollution Control Board

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>	A. Signature  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
1. Article Addressed to: 4/17/08 B.M. PCB 1996-098 David S. O'Neill, Esq. <del>507</del> North Milwaukee Avenue Chicago, IL 60630-1249 5487	B. Received by (Printed Name) _____ C. Date of Delivery 4/22/08
2. Article Number (Transfer from service label) 7007 3020 0000 4630 5920	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No
PS Form 3811, February 2004	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.
Domestic Return Receipt	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes 102595-02-M-1540

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1. Article Addressed to: 4/17/08 B.M. PCB 1996-098 Michael B. Jawgiel, PC <del>507</del> N. Milwaukee Avenue Chicago, IL 60630-1249 5487	B. Received by (Printed Name) _____ C. Date of Delivery 4/22/08
2. Article Number (Transfer from service label) 7007 3020 0000 4630 5937	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No
PS Form 3811, February 2004	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.
Domestic Return Receipt	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes 102595-02-M-1540