

RECEIVED
CLERK'S OFFICE

MAY 22 2008

STATE OF ILLINOIS
Pollution Control Board

ORIGINAL

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ 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.	A. Signature <input checked="" type="checkbox"/> Agent <i>[Signature]</i> <input type="checkbox"/> Addressee	
1. Article Addressed to: 5/15/08 B.M. PCB 2008-084 Dr. Charles Schelkopf 2435 Bethany Road Sycamore, IL 60178	B. Received by (Printed Name)	C. Date of Delivery 5/20/08
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
	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 6323		

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540