ORIGINAL

RECEIVED CLERK'S OFFICE

JUN' 2 3 2008 STATE OF ILLINOIS Pollution Control Board

| A. Signature |
|--|
| D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No |
| Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. |
| 4. Restricted Delivery? (Extra Fee) Yes |
| |

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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