

ORIGINAL

RECEIVED
CLERK'S OFFICE

JUN 27 2008

STATE OF ILLINOIS
Pollution Control Board

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<p>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>Print your name and address on the reverse so that we can return the card to you.</p> <p>Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p><i>Julie Pearce</i></p>	
<p>1. Article Addressed to: <i>6-19-08</i></p> <p>AC 2005-061 * Timothy Pearce 607 Birchwood Flora, IL 62839</p>	<p>B. Received by (Printed Name)</p> <p><i>Julie Pearce</i></p>	<p>C. Date of Delivery</p> <p><i>6-25-08</i></p>
<p>2. Article Number (Transfer from service label)</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
	<p>3. Service Type</p> <p><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.</p>	
	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>7007 3020 0000 4630 6552</p>		

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540