

ORIGINAL

RECEIVED  
CLERK'S OFFICE

AUG 21 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: 8/7/08 B.M.

PCB 007-032  
Edward R. Gower  
Hinsdale & Culbertson  
400 South Ninth Street  
Suite 200  
Springfield, IL 62701

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*[Handwritten Signature]*

B. Received by (Printed Name)  
BROZENSEY

Agent  
 Addressee

Date of Delivery  
AUG 18 2008

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

3. Service Type

Certified Mail  
 Registered  
 Insured Mail

Express Mail  
 Return Receipt for Merchandise  
 C.O.D.  
 Yes

4. Restricted Delivery? (Extra Fee)  
 Yes

2. Article Number  
(Transfer from service label)

7007 3020 0000 4630 6941

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540