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AUG 28 2008

STATE OF ILLINOIS
Pollution Control Board

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 type="checkbox"/> Agent <input type="checkbox"/> Addressee X <i>P. Krug</i>	
1. Article Addressed to: 8/21/08 B.M. ✓ PCB 2008-098 Jim Tuneberg Guyer & Enichen, P.C. 2601 Reid Farm Road, Suite B Rockford, IL 61114	B. Received by (Printed Name) <i>P. Krug</i>	C. Date of Delivery <i>8-25-08</i>
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 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 7092		