

RECEIVED
CLERK'S OFFICE

SEP 22 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: 9/16/08 B.M.
PCB 2008-016
Mandy L. Combs
The Sharp Law Firm, P.C.
1115 Harrison Street
P.O. Box 906
Mt. Vernon, IL 62864

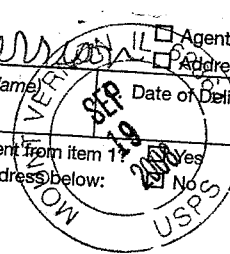
COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Emily Harrison Agent
 Addressee

B. Received by (Printed Name) _____ Date of Delivery _____

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



3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

(Transfer from service label)

7007 3020 0000 4630 7368

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540