

**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: 5/7/09 B.M. ✓

PCB 2008-045

James J. Roche

James J. Roche &amp; Associates

642 N. Dearborn St.

Chicago, IL 60610-4785

**RECEIVED**  
**CLERK'S OFFICE**  
**MAY 19 2009**  
**STATE OF ILLINOIS**  
**Pollution Control Board**

2. Article Number

(Transfer from service label)

7008 1830 0003 9908 9694

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *P. Zeigen* Agent Addressee

B. Received by (Printed Name)

P. ZEIGEN

C. Date of Delivery

D. Is delivery address different from item 1?  YesIf 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