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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. <p>1. Article Addressed to: 9/7/06 B.M. PCB 2007-004 Dennis Walsh Klein, Thorpe & Jenkins 15010 S. Ravinia Avenue Suite 17 Orland Park, IL 60477</p> | <p>A. Signature <input checked="" type="checkbox"/> <i>Dennis Walsh</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>D. WALSH</i> C. Date of Delivery <i>9-14-06</i></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 <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> |
| 2. Article Number (Transfer from service label) | 7005 1160 0002 2068 0312 |
| PS Form 3811, February 2004 | Domestic Return Receipt 102595-02-M-1540 |