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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. 	A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee X
1. Article Addressed to: 11/2/06 B.M. AC 2007-017 Lee County Landfill, SC, LLC CT Corporation Systems 208 S. LaSalle Street, Ste. 814 Chicago, IL 60604-1101	B. Received by (Print Name) _____ Date of Delivery _____ RECEIVED NOV 07 CT SOF DEPT D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter alternate address below: <input type="checkbox"/> No
2. Article Number (Transfer from service label) 7005 1160 0002 2068 0701	3. Service Type <input 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
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	