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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>A. Signature <input checked="" type="checkbox"/> Agent <i>Philip J. Vock</i> <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to: 11/16/06 B.M. PCB 2007-033 Philip J. Vock Oink, Inc. 13893 Round Grove Road Morrison, IL 61270</p>	<p>B. Received by (Printed Name) C. Date of Delivery <i>Philip J. Vock</i> 11-28-06</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>
	<p>2. Article Number (Transfer from service label) 7006 0100 0000 7374 7552</p>