

ORIGINAL

RECEIVED
CLERK'S OFFICE

JAN 18 2007

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 X <i>Paul R. [Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee |
| 1. Article Addressed to: PCB 04-36 The Illinois State Toll Hwy Authority 2700 Ogden Avenue Downers Grove, IL 60515 <i>1/4/07</i> | B. Received by (Printed Name) <i>Paul R. [Signature]</i> C. Date of Delivery D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No |
| 2. Article Number (Transfer from service label) 7000 0520 0012 7735 2246 | 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. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes |

Stamp: DOWNERS GROVE, IL 12 2007 USPS 60515-9998

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540