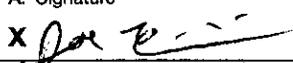


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CLERK'S OFFICE

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. 	<p>A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Joe Williams</u> C. Date of Delivery <u>JAN 15 2007</u></p>
<p>1. Article Addressed to: <u>PCB 2007-050</u> Attn: <u>Greg Lawler</u> <u>Growmark, Inc.</u> <u>1701 Towanda Avenue</u> <u>Bloomington, IL 61701</u></p> <p style="text-align: right; font-size: 2em;">1/4/07</p>	<p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" 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 <u>7000 0520 0012 7669 9538</u> (Transfer from service label)</p>	