

ORIGINAL

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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 <i>Mary Shutz</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: PCB 2007-051 Andy Wagner LaSalle County Farm Supply 3107 N. Illinois Rte. 23 P. O. Box 459 Ottawa, IL 61350 <i>1/14/07</i>	B. Received by (Printed Name) <i>MARY SHUTZ</i>	C. Date of Delivery <i>1-15-07</i>
2. Article Number 7002 2030 0004 5523 7299 (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	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	