

ORIGINAL

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CLERK'S OFFICE

FEB 09 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 <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>A. Tyson</i>	
1. Article Addressed to: 1/26/07 B.M. AC 2007-021 Kenneth Boles Macon County State's Attorney 253 East Wood Street Decatur, IL 62523	B. Received by (Printed Name) <i>A TYSON</i>	C. Date of Delivery <i>2/5/07</i>
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" 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	
PS Form 3811, February 2004 102595-02-M-1540		

7000 0520 0012 3759 1475

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540