## ORIGINAL



FEB 2 8 2007

STATE OF ILLINOIS Pollution Control Board

SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	COMPLETE THIS SECTION ON DELIVERY         A. Signature         Agent         Addressee         B. Received M ( Printed Name)         C. Date of Delivery         2-26-07         D. Is delivery address different from item 1?         YES, enter delivery address below:
Prophetstown, IL 61277	3. Service Type         1       Certified Mail       Express Mail         1       Registered•       Return Receipt for Merchandise         1       insured Mail       C.O.D.         4. Restricted Delivery? (Extra Fee)       Yes
2. Article Number (Transfer from service label) 7001 1140 000 PS Form 3811, February 2004 Domestic Re	02 7469 0480 atum Receipt 102595-02-M-1540