

ORIGINAL

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CLERK'S OFFICE

FEB 28 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 type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>* Betty Lowe</i>	
1. Article Addressed to: 2/15/07 B.M. PCB 2007-024 Brad Sams Pinnacle Foods Group, Inc. 1000 Brewbaker St. Elmo, IL 62458	B. Received by (Printed Name) <i>Betty Lowe</i>	C. Date of Delivery <i>2-26-07</i>
2. Article Number (Transfer from service label) 7001 1140 0002 7469 0053	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <div style="text-align: right; border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;"> FEB 26 </div>	
PS Form 3811, February 2004	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	