

ORIGINAL

**RECEIVED**  
CLERK'S OFFICE

MAR 14 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.
- 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.

1. Article Addressed to: 3/1/07 B.M.

PCB 2000-104  
Charles M. Gering  
Foley & Lardner  
321 North Clark Street  
Suite 2800  
Chicago, IL 60610

2. Article Number  
(Transfer from service label)

7001 1140 0002 7469 0138

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  
**X** *R. SABA*  Address
- B. Received by (Printed Name)  Agent  
*R. SABA*  Address
- C. Date of Delivery  Yes  
*3/13/07*  No
- D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type
- Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

Domestic Return Receipt

102595-02-M-15