

ORIGINAL

RECEIVED
CLERK'S OFFICE

MAR 1 4 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: 2/15/07 B.M.
PCB 2007-024
Jeffery W. Tock
Harrington & Tock
201 W. Springfield Avenue
Suite 601
P.O. Box 1550
Champaign, IL 61824-1550

2. Article Number
(Transfer from service label) 7001 1140 0002 7469 0572

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Timmy Valle Agent
 Addressee

B. Received by (Printed Name)
T. Valle

C. Date of Delivery
2-26-07

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-154