8. <u>.</u>	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. Anticle Addressed to: 3/1/07 B.M. PCB 2007-029 Joseph F. Connor, R.A. Profession#1 Swine Management, 	A. Signature X Sen Defined Name) B. Received by (Printed Name) C. Date of Deliver 3, 2407 D. Is delivery address different from item 1? If YES, enter delivery address below: No
LLC 34 West Main Street P.O. Box 220 Carthage, IL 62321	3. Service Type 3. Certified Mail Certified Mail Registered Return Receipt for Merchandis Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7001 1140 000	02 7469 0114
PS Form 3811, February 2004 Domestic F	Return Receipt 102595-02-M-15

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