

ORIGINAL

RECEIVED
CLERK'S OFFICE

MAR 27 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: 3/15/07 B.M.
AC 2007-033
Bret Slater
424 North Jefferson Street
Lincoln, IL 62656-1960

2. Article Number
(Transfer from service label) 7001 1140 0002 7469 0220

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Bret Slater* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
3-23-07ms

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