

ORIGINAL

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 jt
PCB 2005-049
Morton F. Dorothy
104 W. University
SW Suite
Urbana, IL 61801

2. Article Number
(Transfer from service label) 7002 0860 0004 9604

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *M. Dorothy* Agent Addressee

B. Received by (Printed Name) *M. Dorothy* C. Date of Delivery *4/7/07*

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

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

4. Restricted Delivery (Extra Fee) Yes

RECEIVED
CLERK'S OFFICE
APR 09 2007
STATE OF ILLINOIS
Pollution Control Board