

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: 4/19/07 B.M.
 PCB 2005-191
 Steven D. Grimm
 Grimm Law Office
 P.O. box 632
 209 S. Morrison Ave..
 Collinsville, IL 62234

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 x *Carol Winterich* Agent Addressee

B. Received by (Printed Name) *Carol Winterich* C. Date of Delivery *4/30/07*

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

2. Article Number
 (Transfer from service label) 7006 0100 0000 7374 7705

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

ORIGINAL

RECEIVED
CLERK'S OFFICE

MAY 02 2007

STATE OF ILLINOIS
Pollution Control Board