

**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 2007-092  
 Dr. Steve Fuerbach  
 2435 Bethany Rd.  
 Sycamore, IL 60178

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received By (Printed Name) C. Date of Delivery

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

ORIGINAL

2. Article Number (Transfer from service label) 7006 0100 0000 7374 7743

**RECEIVED**  
 CLERK'S OFFICE  
 MAY 02 2007  
 STATE OF ILLINOIS  
 Pollution Control Board