

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

Registered Agent - Castle Ridge
Estates

John Durako

1808 S. Illinois Street
Belleville, IL 62220

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent☒ Addressee

B. Received by (Printed Name)

JOHN DURAKO

C. Date of Delivery

4.30.07

D. Is delivery address different from item 1? ☐ YesIf 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)

7001 0750 0004 3960 2670

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

ORIGINAL

RECEIVED
CLERK'S OFFICE

MAY 07 2007

STATE OF ILLINOIS
Pollution Control Board