

**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 *John Durako*  Agent  Addressee  
 B. Received by (Printed Name) **JOHN DURAKO** C. Date of Delivery **4.30.07**  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  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

ORIGINAL

**RECEIVED**  
CLERK'S OFFICE

MAY 07 2007

STATE OF ILLINOIS  
Pollution Control Board