

**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 2007-103

Christian County Farmers  
Supply Company

Route 29

Box 49

Millersville, IL 62555

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

x *Kevin Sanders* Agent Addressee

B. Received by (Printed Name)

Kevin Sanders

C. Date of Delivery

5/9/07

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) 7006 0100 0000 7374 7774

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

ORIGINAL

**RECEIVED**  
CLERK'S OFFICE

MAY 11 2007

STATE OF ILLINOIS  
Pollution Control Board