

**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: 5/3/07 B.M.  
 AC 2007-021  
 Kenneth Boles  
 MAcon County State's Attorney  
 253 East Wood Street  
 Decatur, IL 62523

2. Article Number  
 (Transfer from service label) 7006 0100 0000 7374 7859

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*[Handwritten Signature]*  
 B. Received by (Printed Name) C. Date of Delivery  
 T. J. EWBANK 5/11/07  
 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

ORIGINAL

RECEIVED  
CLERK'S OFFICE

MAY 15 2007

STATE OF ILLINOIS  
Pollution Control Board