

**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.  
 PCB 2007-065  
 Michael P. Rissman  
 Mayer, Brown, Rowe & Maw, LLP  
 71 S. Wacker Drive  
 Chicago, IL 60606-4637

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee  
**X**

B. Received by (Printed Name) R-SABA C. Date of Delivery MAY 16 2007

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 16 2007

STATE OF ILLINOIS  
Pollution Control Board

2. Article Number  
 (Transfer from service label) 7006 2760 0003 5423 6652