

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 2007-024
 Jeffery W. Tock
 Harrington & Tock
 201 W. Springfield Avenue
 Suite 601
 P.O. Box 1550
 Champaign, IL 61824-1550

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee
 X *V. Barton*

B. Received by (Printed Name)
 V. BARTON

C. Date of Delivery
 5-17-07

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

2. Article Number
 (Transfer from service label) 7006 0100 0000 7374 7965

ORIGINAL
RECEIVED
 CLERK'S OFFICE
 MAY 18 2007
 STATE OF ILLINOIS
 Pollution Control Board