

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
 Kevin G. Desharnais
 Mayer, Brown, Rowe & Maw, LLP
 71 S. Wacker Drive
 Chicago, IL 60606-4637

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 X Addressee

B. Received by (Printed Name) C. Date of Delivery

R-SABTA 5 MAY 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

2. Article Number
 (Transfer from service label) 7006 2760 0003 5423 6645

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

RECEIVED
 CLERK'S OFFICE
 MAY 22 2007
 STATE OF ILLINOIS
 Pollution Control Board

ORIGINAL