

**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: 5/17/07 B.M.  
 AS 2007-005  
 Eric E. Boyd  
 Seyfarth Shaw  
 131 S. Dearborn Street  
 Suite 2400  
 Chicago, IL 60603-5803

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee  
 X *[Signature]*

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

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

MAY 24 2007

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 6690

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

ORIGINAL

RECEIVED  
CLERK'S OFFICE

MAY 25 2007

STATE OF ILLINOIS  
Pollution Control Board