

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
 Geoffrey B. Tichanor
 Seyfarth Shaw
 131 S. Dearborn Street
 Suite 2400
 Chicago, IL 60603-5803

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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 6706

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

ORIGINAL

RECEIVED
 CLERK'S OFFICE
 MAY 29 2007
 STATE OF ILLINOIS
 Pollution Control Board