

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 2006-078
 James L. Curtis
 Seyfarth Shaw
 131 S. Dearborn Street
 Suite 2400
 Chicago, IL 60603-5803

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
[Handwritten Signature]
 B. Received by (Printed Name) C. Date of Delivery
[Handwritten Name]
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

MAY 14 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 0100 0000 7374 7927

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

RECEIVED
 CLERK'S OFFICE

JUN 18 2007

STATE OF ILLINOIS
 Pollution Control Board

ORIGINAL