

ORIGINAL

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JUL - 6 2007

STATE OF ILLINOIS
Pollution Control Board

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SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ 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.		<p>A. Signature X <i>Ben Willis</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: 6/21/07 B.M. PCB 2006-009 Carolyn S. Hesse Barnes & Thornburg 1 N. Wacker Drive Suite 4400 Chicago, IL 60606</p>		<p>B. Received by (Printed Name) <i>Ben Willis</i></p>	
		<p>C. Date of Delivery <i>7/3/07</i></p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label) 7007 0220 0003 0236 4118</p>			

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