

ORIGINAL

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>		A. Signature <b>X</b>	
		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
		B. Received by (Printed Name) <b>Thyora</b>	C. Date of Delivery <b>7-27</b>
1. Article Addressed to: <b>7/12/07 B.M.</b> <b>PCB 2005-093</b> <b>David Bennett</b> <b>222 N. LaSalle Street</b> <b>Suite 2400</b> <b>Chicago, IL 60601</b>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <b>JUL 27 2007</b>	
		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.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label) <b>7007 0220 0003 0236 2909</b>			
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540			

**RECEIVED**  
CLERK'S OFFICE

**JUL 30 2007**

**STATE OF ILLINOIS**  
**Pollution Control Board**