

ORIGINAL

RECEIVED
CLERK'S OFFICE

AUG 16 2007

STATE OF ILLINOIS
Pollution Control Board

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: 7/26/07 B.M.

AC 2007-034
Alvin Valdez
211 N. Walnut
P.O. Box 163
DeSoto, IL 62924

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Kathy Valdez Addressee

B. Received by (Printed Name) S. Date of Delivery
Kathy Valdez 8-6-07

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

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) 7007 0220 0003 0236 2961

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540