

RECEIVED  
CLERK'S OFFICE

SEP 14 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: 9/6/07 B.M.  
PCB 2005-219  
Registered Agent Conair Corp.  
CT Corporation Systems  
208 S. LaSalle Street  
Suite 814  
Chicago, IL 60604-1101

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☐ Agent  
☐ Addressee  
**X**

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

**RECEIVED**

3. Service Type SEP 13 2007  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ Signature Required

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from service label) 7006 0810 0004 2225 6209

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540