

ORIGINAL

RECEIVED
CLERK'S OFFICE

NOV 07 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: 11/1/07 B.M.
PCB 2005-202
Carey S. Rosemarin
Law Offices of Carey S.
Rosemarin, P.C.
500 Skokie Blvd.,
Suite 510
Northbrook, IL 60062

2. Article Number
(Transfer from service label)

7006 0810 0004 2225 6483

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature *X [Signature]* Agent
 Addressee
B. Received by (Printed Name) *[Signature]*
C. Date of Delivery *11/6/07*

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