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CLERK'S OFFICE

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NOV 08 2007

STATE OF ILLINOIS  
Pollution Control Board

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>	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p><i>x A. Aronson</i></p>	
<p>1. Article Addressed to: 11/1/07 B.M. PCB 2005-202 Joel Aronson, Registered Agent Phoenix Finishing, Inc. 1090 Industrial Drive Bensenville, IL 60106</p>	<p>B. Received by (Printed Name) <i>A. Aronson</i></p>	<p>C. Date of Delivery <i>11/6</i></p>
<p>2. Article Number (Transfer from service label) 7006 0810 0004 2225 6490</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>	