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STATE OF ILLINOIS
Pollution Control Board

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. <p>1. Article Addressed to: 12/6/07 B.M. PCB 2007-028 Joseph G. Feehan Heyl, Royster, Voelker & Associates Bank One Building, Ste. 600 124 S.W. Adams Street Peoria, IL 61602</p>	<p>A. Signature X <i>Stamrah Payne</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Stamrah Payne</i></p> <p>C. Date of Delivery <i>12-12</i></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>
<p>2. Article Number (Transfer from service label) PS Form</p>	<p>102595-02-M-1540</p>

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<p>2. Article Number (Transfer from service label) 7006 0810 0004 2225 6636</p>	<p>102595-02-M-1540</p>