

ORIGINAL

RECEIVED
CLERK'S OFFICE

DEC 17 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: 12/6/07 B.M.
 PCB 2008-014
 Dale Webb
 600 West Blanks Road
 Wickliffe, KY 42087

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Pauline Webb* Agent
 Addressee

B. Received by (Printed Name) *Pauline Webb* C. Date of Delivery *12-14-07*

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) 7006 0810 0004 2225 2126