

**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: 2/7/08 B.M.  
PCB 2005-164  
Christopher W. Newcomb  
Karaganis, White & Magel, Ltd.  
414 N. Orleans Street, Ste. 810  
Chicago, IL 60610

**2. Article Number**

(Transfer from service label)

7007 3020 0000 4630 5104

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY****A. Signature**

*Paul T. Lockard*

- ☐ Agent  
☐ Addressee

**B. Received by (Printed Name)**

PAUL T. LOCKARD

**C. Date of Delivery**

2/2/08

**D. Is delivery address different from item 1?**

If YES, enter delivery address below:

- ☐ Yes  
☐ No

**3. Service Type**

- ☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

**4. Restricted Delivery? (Extra Fee)**

- ☐ Yes

ORIGINAL

**RECEIVED**  
CLERK'S OFFICE

FEB 22 2008

STATE OF ILLINOIS  
Pollution Control Board