

ORIGINAL

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CLERK'S OFFICE

APR 25 2008

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. 	A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>X Susan R. Sturtevant</i>	
1. Article Addressed to: 4/17/08 B.M. PCB 2008-064 Mark Sturtevant 26654 Payne Road Shannon, IL 61078	B. Received by (Printed Name) <i>Susan R. Sturtevant</i>	C. Date of Delivery <i>4-23-08</i>
2. Article Number (Transfer from service label) 7007 3020 0000 4630 6002	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
	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.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	