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APR 28 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 <i>X Angela Duesterhaus</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: 4/17/08 B.M. PCB 2008-071 Bruce Duesterhaus 1828 East 1300th Street Fowler, IL 62338	B. Received by (Printed Name) C. Date of Delivery <i>Angela Duesterhaus</i> <i>4-23-08</i>
2. Article Number (Transfer from service label) 7007 3020 0000 4630 6064	D. Is delivery address different from Item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <i>6630 N. 90th Fowler, IL</i>
PS Form 3811, February 2004	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.
Domestic Return Receipt	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

102595-02-M-1540