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STATE OF ILLINOIS
Pollution Control Board

Nash v. Sokolowski PCB 07-96

PROOF OF SERVICE
FOR AMENDED COMPLAINT

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>A. Signature <input checked="" type="checkbox"/> <i>Karen Sokolowski</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Karen J. Sokolowski</i> C. Date of Delivery <i>5/11</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>
Article Addressed to: <i>KAREN Sokolowski 1634 W. 33RD PLACE Chicago, IL 60608</i>	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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
Article Number (Transfer from service label)	7008 0150 0002 3259 1869 359
S Form 3811, February 2004	Domestic Return Receipt 1869 102595-02-M-1540