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JUN 13 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 checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>X K. Ochs</i>	
		B. Received by (Printed Name) <i>Kenn Ochs</i>	C. Date of Delivery <i>6-16-08</i>
1. Article Addressed to: <i>6/5/08 jt</i> AS 07-003 Sheldon A. Zabel Schiff Hardin, LLP 6600 Sears Tower 233 S. Wacker Dr. Chicago, IL 60606-6473		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input 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	
2. Article Number (Transfer from service label) <i>7007 3020 0000 4630 6354</i>			
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

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		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label) <i>7007 3020 0000 4630 6361</i>			
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	