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JUL 17 2008

STATE OF ILLINOIS  
Pollution Control Board

ORIGINAL

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>	A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>D.J. Guidotti</i>	
1. Article Addressed to: 7/10/08 B.M. PCB 2007-032 Mr. Spike Guidotti Lake Arlann Driange District 3 Beachcomber Place Pekin, IL 61554	B. Received by (Printed Name) <i>D.J. Guidotti</i>	C. Date of Delivery <i>7-15-08</i>
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
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	7007 3020 0000 4630 6675	