

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to: 7/21/11 B.M.
 AC 2011-029
 John Clarke & Assoc., Ltd.
 Whelan's Inc.
 120 W. Eastman St., Ste. 101
 Arlington Heights, IL 60004

2. Article Number

(Transfer from service label)

7011 0110 0001 8269 8850

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

Diana

C. Date of Delivery

7/27/11

D. Is delivery address different from item 1?

Yes

If YES, enter delivery address below:

No

RECEIVED
 CLERK'S OFFICE
 JUL 29 2011
 STATE OF ILLINOIS
 Pollution Control Board

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes