

ORIGINAL

RECEIVED  
CLERK'S OFFICE

OCT 17 2006

STATE OF ILLINOIS  
Pollution Control Board

**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: 10/5/06 B.M.

AC 2007-007  
Matthew P. Bailey  
401 S. 15th Street  
P.O. Box 34  
Lawrenceville, IL 62439

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Matt Bailey*

- Agent
- Addressee

B. Received by (Printed Name)  
MATT BAILEY

C. Date of Delivery  
10-13-06

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

- Yes
- No

3. Service Type

- Certified Mail
- Registered
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (Extra Fee)

- Yes

2. Article Number  
(Transfer from service label)

7005 1160 0002 2068 0466

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540