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STATE OF ILLINOIS
Pollution Control Board

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ 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 ☒ Agent ☐ Addressee <i>x R Hoepner</i>	
1. Article Addressed to: PCB 2004-036 Victor F. Azar 11 State Toll Hwy Authority 2700 Ogden Avenue Downers Grove, IL 60515		B. Received by (Printed Name) <i>R Hoepner</i> C. Date of Delivery <i>1-16-07</i>	
		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
		3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
		4. Restricted Delivery ☐ Yes	
2. Article Number 7000 0520 0012 7659 (Transfer from service label)			
PS Form 3811, February 2004		Domestic Mail Manual 11540	