

ORIGINAL

RECEIVED
CLERK'S OFFICE

FEB 14 2007

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.	<p>A. Signature <input checked="" type="checkbox"/> <i>Judy Rohwedder</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: 1/26/07 B.M. PCB 2006-171 Edward J. Heisel Washington University of Law One Brookings Drive Campus Box 1120 St. Louis, MO 63130-4899</p>	<p>B. Received by (Printed Name) <i>Judy Rohwedder</i></p>	<p>C. Date of Delivery <i>2-7-07</i></p>
<p>2. Article Number (Transfer from service label) 7001 1140 0002 7469 0763</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
<p>PS Form 3811, February 2004</p>	<p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

Domestic Return Receipt

102595-02-M-1540