

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
Carol J. Seith Addressee

B. Received by (Printed Name) C. Date of Delivery
 CAROL J. SEITH 2/27/07

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

1. Article Addressed to: 2/15/07 B.M.
 PCB 2006-188
 William D. Seith
 Total Environmental Solutions
 635 Butterfield Rd., Ste. 240
 Oak Brook Terrace, IL 60181

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
 (Transfer from service label) 7001 1140 0002 7469 0527

ORIGINAL

RECEIVED
 CLERK'S OFFICE
 MAR 02 2007
 STATE OF ILLINOIS
 Pollution Control Board