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 X	ORIGIN.
1. Article Addressed to: 4/19/07 B.M.	If YES, enter delivery address below:	*
PCB 2004-088		
Sheila H. Deely		
Drinkler, Biddle, Gardner,		
& Carton 191 N. Wacker Drive, Ste. 3700 Chicago, IL 60606-1698	3. Service Type Scertified Mail	RECEIVED CLERK'S OFFICE
	4. Restricted Delivery? (Extra Fee)	MAY 0 2 2007
PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-1540	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 X Grant Agent Addressee B. Received by (Printed Name) C. Date of Delivery	
1. Article Addressed to: 4/19/07 B.M.	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No	
PCB 2004-088		
Roy M. Harsch		
Drinker, Biddle, Gardner &		
Carton	2 Seede Tue	
191 N. Wacker Drive, Ste. 3700 Chicago, IL 60606=1698	3. Service Type ACertifled Mail Express Mail Registered Return Receipt for Merchandise	

☐ Insured Mall

7001 1140 0002 7489 2792

Domestic Return Receipt

2. Article Number

(Transfer from service label)
PS Form 3811, February 2004

4. Restricted Delivery? (Extra Fee)

□ C.O.D.

☐ Yes

102595-02-M-1540