

**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: 4/19/07 B.M.  
 AC 2007-040 & AC 2007-041  
 Glen I. Suttles & Elizabeth S.  
 Suttles  
 391 West Tremont Street  
 Waverly, IL 62692

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X Elizabeth Suttles  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery  
 ELIZABETH SUTTLES 4-28-07

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? (Extra Fee)  Yes

2. Article Number  
 (Transfer from service label) 7001 1140 0002 7469 0435

**RECEIVED**  
 CLERK'S OFFICE

MAY 03 2007

STATE OF ILLINOIS  
 Pollution Control Board

ORIGINAL