

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: 5/3/07 B.M.
 AC 2006-032
 David Skidmore
 1 Mineral Springs Dr.
 Ava, IL 62907

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
Kevin Skidmore Addressee

B. Received by (Printed Name) C. Date of Delivery
 Kevin Skidmore 5-12-07

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) 70061040010000337410B1111111

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

RECEIVED
 CLERK'S OFFICE
 MAY 22 2007
 STATE OF ILLINOIS
 Pollution Control Board

ORIGINAL