

**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.  
 PCB 2006-078  
 Jeryl L. Olson  
 Seyfarth Shaw  
 131 S. Dearborn Street  
 Suite 3400  
 Chicago, IL 60603-5803

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee  
 B. Received by (Printed Name) C. Date of Delivery  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

**MAY 14 2007**

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) 7006 0100 0000 7374 7934

ORIGINAL

**RECEIVED**  
 CLERK'S OFFICE  
 MAY 25 2007  
 STATE OF ILLINOIS  
 Pollution Control Board