

ORIGINAL

RECEIVED
CLERK'S OFFICE

JUN 21 2007

STATE OF ILLINOIS
Pollution Control Board

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: 6/7/07 B.M.
 PCB 2006-151
 Brain E. Konzen
 Lueders, Robertson & Konzen
 1939 Delmar
 P.O. Box 735
 Granite City, IL 62040

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
 B. Received by (Printed Name) C. Date of Delivery
 Brain E. Konzen
 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) 7006 2760 0003 5423 6911

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540