

ORIGINAL

RECEIVED
CLERK'S OFFICE

JUN 26 2007

STATE OF ILLINOIS
Pollution Control Board

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
<ul style="list-style-type: none"> ■ 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. <p>1. Article Addressed to: 6/7/07 B.M. PCB 2007-049 Carolos S. Arevalo Zukowski, Rogers, Flood & McArdle 50 Virginia Street Crystal Lake, IL 60014</p>	<p>A. Signature</p> <p>X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	<p>C. Date of Delivery</p>	
	<p>B. Received by (Printed Name)</p> <p><i>[Signature]</i></p>		
	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>		
	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>		
<p>2. Article Number (Transfer from service label)</p> <p>PS Form 3811, February 2004</p>	<p>7006 2760 0003 5423 6935</p> <p>Domestic Return Receipt</p>	<p>102595-02-M-1540</p>	
<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>			