

ORIGINAL

RECEIVED
CLERK'S OFFICE

JUN 29 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 2005-044
 Roger Kuberski
 Mount Vernon Quality Times, Inc.
 9746 E. Illinois Highway 15
 Mt. Vernon, IL 62864

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 X *Roger Kuberski* Addressee
 B. Received by (Printed Name) C. Date of Delivery
 6/27/07
 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) 7006 2760 0003 5423 6881

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540