

ORIGINAL

RECEIVED
CLERK'S OFFICE

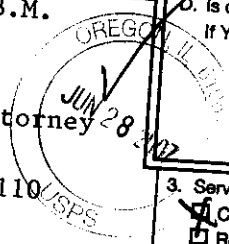
JUL - 6 2007

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: 6/21/07 B.M.
 AC 2007-056
 Emily S. Seifert
 Ogle County State's Attorney
 Office
 106 S. 5th St., Suite 110
 Oregon, IL 61061-1696



COMPLETE THIS SECTION ON DELIVERY

A. Signature
Trisha Morrow Agent Addressee

B. Received by (Printed Name) *Trisha Morrow* C. Date of Delivery *7/2*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

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) 7007 0220 0003 0236 3982

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540