

| SENDER: COMPLETE THIS SECTION   | COMPLETE THIS SECTION ON DELIVERY   |
|---|---|
| <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to: 7/12/07 B.M.<br/> PCB 2007-010<br/> Elizabeth Leifel<br/> Sonnenschein Nath &amp; Rosenthal<br/> 7800 Sears Tower<br/> 233 S. Wacker Drive<br/> Chicago, IL 60606-6404</p> | <p>A. Signature <input checked="" type="checkbox"/> Agent<br/> <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery<br/> 7-18-07</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/> If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type<br/> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br/> <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |
| <p>2. Article Number (Transfer from service label) 7007 0220 0003 0236 2695</p>   |   |
| <p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>   |   |

ORIGINAL

**RECEIVED**  
CLERK'S OFFICE  
JUL 19 2007  
STATE OF ILLINOIS  
Pollution Control Board

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| <p>2. Article Number (Transfer from service label) 7007 0220 0003 0236 2688</p>  |  |