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JUL 19 2007

STATE OF ILLINOIS
Pollution Control Board

ORIGINAL

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.		A. Signature <input checked="" type="checkbox"/> Agent <i>W. Ford</i> <input type="checkbox"/> Addressee	
1. Article Addressed to: 7/12/07 B.M. PCB 2008-001, PCB 2008-003 & PCB 2008-006 Dr. Steve Feuerbach 2435 Bethany Road Sycamore, IL 60178		B. Received by (Printed Name) <i>W. FORD</i>	
		C. Date of Delivery <i>1-18-07</i>	
		D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label) 7007 0220 0003 0236 2770			
PS Form 3811, February 2004		Domestic Return Receipt	
		102895-02-M-1540	