

ORIGINAL

RECEIVED
CLERK'S OFFICE

JUL 25 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>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p><i>[Handwritten Signature]</i></p>	
<p>1. Article Addressed to: 7/12/07 B.M. PCB 2007-027 Mary Beth Cyze Village of Wilmette 1200 Wilmette Avenue Wilmette, IL 60091</p>	<p>B. Received by (Printed Name) GARY GRAY</p>	<p>C. Date of Delivery 7-12-07</p>
<p>2. Article Number (Transfer from service label) 7007 0220 0003 0236 2725</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
	<p>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.</p>	
	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540