

ORIGINAL

RECEIVED
CLERK'S OFFICE

JUL 16 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 X <i>Paula Vatter</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: 10/4/07 B.M. PCB 2006-157 Donald B. Larson, P.C. 215 South State Street Belvidere, IL 61008</p>	<p>B. Received by (<i>Printed Name</i>) <i>Pamela Vatter</i></p>	<p>C. Date of Delivery <i>10/2-07</i></p>
<p>2. Article Number (<i>Transfer from service label</i>) 7006 0810 0004 2225 6384</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? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>	