

ORIGINAL

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CLERK'S OFFICE

OCT 15 2007

STATE OF ILLINOIS  
Pollution Control Board

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>	A. Signature <b>X E.M. Chwisut</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: 10/4/07 B.M. PCB 2008-015 Mark Weinheimer 100 South Fourth Street Suite 1100 St. Louis, MO 63102-1825	B. Received by (Printed Name)	C. Date of Delivery 10/12
2. Article Number (Transfer from service label) 7006 0810 0004 2225 6421	D. Is delivery address different from item 1? <input type="checkbox"/> Yes if YES, enter delivery address below: <input 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	