

ORIGINAL

RECEIVED
CLERK'S OFFICE

OCT 18 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>1. Article Addressed to: 10/4/07 B.M. PCB 2008-015 William D. Barlow, Registered Agent <i>123 Rotttingham</i> 2 Club Center, Ste. 4 Edwardsville, IL 62025</p>	<p>A. Signature <i>S Whitlock</i></p>	<p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>2. Article Number (Transfer from service label) 7006 0810 0004 2225 6414</p>	<p>B. Received by (Printed Name) <i>S Whitlock</i></p>	<p>C. Date of Delivery <i>10-18-06</i></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>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>		