

ORIGINAL

RECEIVED  
CLERK'S OFFICE

DEC 12 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>	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p><i>[Signature]</i></p>	
1. Article Addressed to: 12/6/07 B.M. PCB 2007-142 & PCB 2007-147 Carolyn S. Hesse Barnes & Thornburg 1 N. Wacker Drive Suite 4400 Chicago, IL 60606	B. Received by (Printed Name) <i>[Signature]</i>	C. Date of Delivery <i>[Signature]</i>
2. Article Number (Transfer from service label) 7006 0810 0004 2225 6711	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <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	

ORIGINAL

RECEIVED  
CLERK'S OFFICE

DEC 12 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 x 	
	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: 12/6/07 B.M. PCB 2007-147 Jonathan Froemel Barnes & Thornburg 1 N. Wacker Drive Suite 4400 Chicago, IL 60606	B. Received by (Printed Name) D. M. Clure	C. Date of Delivery 12/12/07
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label) 7006 0810 0004 2225 2119	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	