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STATE OF ILLINOIS
Pollution Control Board

RECIPIENT: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
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. 1. Article Addressed to: 2/21/08 B.M. PCB 2006-080 R. Casey Van Valkenburgh Kasten, Green, Glassl & Welch, LLP 784 Wall Street Suite 100 O'Fallon, IL 62269	A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>Toni Newman</i>	
	B. Received by (Printed Name) <i>Toni Newman</i>	C. Date of Delivery <i>2-25-08</i>
	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		
2. Article Number (Transfer from service label) 7007 3030 0000 4630 5203		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		