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MAR 17 2008

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.	A. Signature <i>X Cindy Kelley</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: 3/6/08 jt PCB 2007-143 Fred C. Prillaman Mohan, Alewelt, Prillaman & Adami First America Center, Suite 325 1 North Old State Capitol Plaza Springfield, IL 62701-1323	B. Received by (Printed Name) C. Date of Delivery 3-13-08
2. Article Number (Transfer from service label) 7007 3020 0000 4630 5289	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 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

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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