

RECEIVED
CLERK'S OFFICE

APR 11 2008

STATE OF ILLINOIS
Pollution Control Board

ORIGINAL

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>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>Terry Grote</i></p> <p>B. Received by (Printed Name) C. Date of Delivery TERRY GROTE 4-9-08</p>
<p>1. Article Addressed to: 4/3/08 B.M. PCB 2008-053 Terry Grote 204 South Street Sims, IL 62886</p>	<p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No ORR 1 Box 46 Sims IL 62886</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>2. Article Number (Transfer from service label) 7007 3020 0000 4630 5845</p>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540