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 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 x <u>KEN COOK</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: 5/15/08 B.M. AC 2008-011 Ken & Ella Cook 713 N. 13th Street Herrin, IL 62948	B. Received by (Printed Name) <u>ELLA COOK</u> C. Date of Delivery
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, enter delivery address below: <u>Box 518</u> <u>Herrin IL 62948</u>
3. Article Number (Transfer from service label)	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

