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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"> <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 <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p>x <i>K. Bassi</i></p>	
<p>1. Article Addressed to: 6/5/08 jt</p> <p>AS 2007-003</p> <p>Kathleen C. Bassi</p> <p>Schiff Hardin, LLP</p> <p>6600 Sears Tower</p> <p>233 S. Wacker Drive</p> <p>Chicago, IL 60606-6473</p>	<p>B. Received by (Printed Name)</p> <p><i>Kathleen Bassi</i></p>	<p>C. Date of Delivery</p> <p><i>6-17-08</i></p>
<p>2. Article Number (Transfer from service label) 7007 3020 0000 4630 6378</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>PS Form 3811, February 2004</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	