

ORIGINAL

RECEIVED  
CLERK'S OFFICE

NOV 10 2003

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<br/><input checked="" type="checkbox"/> <i>Matthew M. [Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Matthew M. [Signature]</i> C. Date of Delivery <b>NOV 06 2003</b></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br/>If YES, enter delivery address below:</p> |  |
| 1. Article Addressed to:<br><i>G. Allen Andreas<br/>Archer Danielle Midland<br/>4666 Fairies Parkway<br/>Decatur, IL 62526</i>                                                                                                                                                                                               |  | 3. Service Type<br><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.                                                                                                                                                      |  |
| 2. Article Number<br>(Transfer from service label) <b>7003 0500 0001 1630 5397</b>                                                                                                                                                                                                                                           |  | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes                                                                                                                                                                                                                                                                                                                                                                         |  |

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

PCB04-79

<sup>to be</sup>  
This is attached to the formal  
Complaint against the above — by  
Bonita and Richard Saxbury  
P.O. #3  
Hull, IL 62343  
Phone — 217-432-5738

005

RECEIVED  
CLERK'S OFFICE

NOV 10 2003

UNITED STATES POSTAL SERVICE

ORIGINAL

First-Class Mail  
Postage & Fees Paid  
USPS Pollution Control Board  
Permit No. G-10

STATE OF ILLINOIS

• Sender: Please print your name, address, and ZIP+4 in this box •

BONITA Saxbury

P.O.#3

HULL, IL 62343

343/9999

