SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY Signatur ■ Complete items 1, 2, and 3. Also complete 🗹 Agent item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse ☐ Addressee so that we can return the card to you. C. Date of Delivery Attach this card to the back of the mailpiece. or on the front if space permits. D. Is delivery address different from item 12 1. Article Addressed to: 9/2/04 B.M. If YES, enter delivery address belo AC 2004-043 Gregory A. Veach Law Offices of Gregory A. Veach 3200 Fishback Road 3. Service Type P.O. Box 1206 Certified Mail ☐ Express 7 Carbondale, IL 62903-1206 Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 7004 1160 0005 4126 2571 (Transfer from service label) **Pollution Control Board** PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540 COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ☐ Agent X Print your name and address on the reverse ☐ Addressee so that we can return the card to you. B. Requived by (Printed Name) Date of Deliver Attach this card to the back of the mailpiece, or on the front if space permits. is delivery address different 1. Article Addressed to: 9/2/04 B.M. AC 2004-043 Frank Stonemark 2417-20 New Era Road Murphysboro, IL 62966 Service Type Certified Mail ☐ Express Mail Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 7004 1160 0005 4126 2564 (Transfer from service label) PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540 COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A Signature ■ Complete items 1, 2, and 3. Also complete Agent item 4 if Restricted Delivery is desired. Print your name and address on the reverse ☐ Addressee so that we can return the card to you. C. Date of Delivery B. Received by (Printed Name) Attach this card to the back of the mailpiece, BROWN or on the front if space permits. D. Is delivery address different from item 1? 1. Article Addressed to: 9/2/04 B.M. If YES, enter delivery address below: AC 2004-043 Daniel Brenner Jackson County State's Attorney Office 3. Service Type Jackson County Courthouse Certified Mail ☐ Express Mail Murphysboro, IL 62966 Registered ☐ Return Receipt for Merchandise Insured Mail □ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 7004 1160 0005 4126 2557 (Transfer from service label) PS Form 3811, February 2004 **Domestic Return Receipt** 102595-02-M-1540

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