

RECEIVED  
CLERK'S OFFICE

FEB 14 2005

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> | A. Signature<br><i>Deb Young</i><br><input type="checkbox"/> Agent<br><input type="checkbox"/> Addressee                                                                                                                                                                                                                                             |
| 1. Article Addressed to: 2/3/05 B.M.<br>PCB 2001-028<br>Howard S. Miller<br>Howard S. Miller & Associates,<br>P.C.<br>47 DuPage Court<br>Elgin, IL 60120                                                                                                                                                               | B. Received by (Printed Name)<br><i>Deb Young</i><br>C. Date of Delivery<br>2/11                                                                                                                                                                                                                                                                     |
| 2. Article Number<br>(Transfer from service label) 7004 0750 0004 3960 2823                                                                                                                                                                                                                                            | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No                                                                                                                                                                                                      |
| PS Form 3811, February 2004                                                                                                                                                                                                                                                                                            | 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.<br>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes |

| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                                                                          | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                                                                                                                                                            |
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| 1. Article Addressed to: 2/3/05 B.M.<br>PCB 2001-028<br>Roy M. Harsch<br>Gardner Carton & Douglas<br>191 N. Wacker Drive, Suite 3700<br>Chicago, IL 60606-1698                                                                                                                                                         | B. Received by (Printed Name)<br><i>Dana Cowick</i><br>C. Date of Delivery<br>2/10/05                                                                                                                                                                                                                                                        |
| 2. Article Number<br>(Transfer from service label) 7004 0750 0004 3960 2809                                                                                                                                                                                                                                            | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No                                                                                                                                                                                              |
| PS Form 3811, February 2004                                                                                                                                                                                                                                                                                            | 3. Service Type<br><input 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.<br>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes |

| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                                                                          | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                                                                                                                                                                       |
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| 1. Article Addressed to: 2/3/05 B.M.<br>PCB 2001-028<br>Francis X. Lyons<br>Garnder Carton & Douglas<br>191 N. Wacker Drive, Suite 3700<br>Chicago, IL 60606-1698                                                                                                                                                      | B. Received by (Printed Name)<br><i>Francis X. Lyons</i><br>C. Date of Delivery<br>2/10/05                                                                                                                                                                                                                                                              |
| 2. Article Number<br>(Transfer from service label) 7004 0750 0004 3960 2793                                                                                                                                                                                                                                            | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No                                                                                                                                                                                                         |
| PS Form 3811, February 2004                                                                                                                                                                                                                                                                                            | 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.<br>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes |