

RECEIVED
CLERK'S OFFICE

SEP 21 2005

STATE OF ILLINOIS
Pollution Control Board

ORIGINAL

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to: 9/1/05 BM
AS 2005-005
Kavita M. Patel
Schiff Hardin & Waite
6600 Sears Tower
233 South Wacker Drive
Chicago, IL 60606-6473

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
X *Jana Robinson*

B. Received by (Printed Name) C. Date of Delivery
Jana Robinson 9-9-05

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. 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 7005 1160 0002 2069 3626
(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to: 9/1/05 BM
AS 2005-005
Kathleen C. Bassi
Schiff Hardin & Waite
6600 Sears Tower
233 South Wacker Drive
Chicago, IL 60606-6473

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
X *Jana Robinson*

B. Received by (Printed Name) C. Date of Delivery
Jana Robinson 9-9-05

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. 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 7005 1160 0002 2069 3633
(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to: 9/1/05 BM
AS 2005-005
Jane E. Montgomery
Schiff Hardin & Waite
6600 Sears Tower
233 South Wacker Drive
Chicago, IL 60606-6473

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
X *Jana Robinson*

B. Received by (Printed Name) C. Date of Delivery
Jana Robinson 9-9-05

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. 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 7005 1160 0002 2069 3640
(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540