

ORIGINAL

RECEIVED
CLERK'S OFFICE

MAR 1 2007

STATE OF ILLINOIS
Pollution Control Board

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: 3/1/07 B.M.
AC 2007-029
Michael Whitlock
6205 Sacred Heart Road
DuQuoin, IL 62832

2. Article Number
(Transfer from service label) 7001 1140 0002 7469 0084

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
[Signature] Agent
 Addressee

B. Received by (Printed Name) *Michael Whitlock* C. Date of Delivery *3-12-07*

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

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: 3/1/07 B.M.
AC 2007-029
Stephanie Chodera, Agent
Perry Ridge Landfill, Inc.
190 South Main Place
Carol Stream, IL 60188-2476

2. Article Number
(Transfer from service label) 7001 1140 0002 7469 0077

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
[Signature] Agent
 Addressee

B. Received by (Printed Name) *S Chodera* C. Date of Delivery *3-12*

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

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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- 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: 3/1/07 B.M.
AC 2007-029
Stephanie Chodera, Agent
GERE Properties, Inc.
290 South Main Place
Carol Stream, IL 60188-2476

2. Article Number
(Transfer from service label) 7001 1140 0002 7469 0183

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
[Signature] Agent
 Addressee

B. Received by (Printed Name) *S Chodera* C. Date of Delivery *3-12*

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

102595-02-M-1540