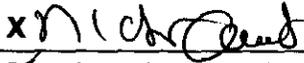


ORIGINAL

RECEIVED  
CLERK'S OFFICE

APR 25 2008

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>1. Article Addressed to: 4/3/08 B.M. AS 2008-006 Jason B. Elster Greenberg Traurig 77 W. Wacker Drive Suite 2500 Chicago, IL 60601</p>	<p>A. Signature  </p>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
<p>2. Article Number (Transfer from service label) 7007 3030 0000 4630 5494</p>	<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery 4/9/08</p>
	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>	
	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail    <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered    <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail    <input type="checkbox"/> C.O.D.</p>	
	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

UNCLASSIFIED

**RECEIVED**  
CLERK'S OFFICE

APR 25 2008

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>	<b>A. Signature</b> x <i>Michael</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: 4/3/08 B.M. AS 2008-006 Neal H. Weinfield Greenberg Traurig 77 W. Wacker Drive Suite 2500 Chicago, IL 60601	<b>B. Received by (Printed Name)</b>	<b>C. Date of Delivery</b> <i>4/9/08</i>
2. Article Number (Transfer from service label) 7007 3030 0000 4630 5500	<b>D. Is delivery address different from item 1?</b> <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	<b>3. Service Type</b> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
	<b>4. Restricted Delivery? (Extra Fee)</b> <input type="checkbox"/> Yes	