

RECEIVED
CLERK'S OFFICE

OCT 27 2008

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: 10/16/08 B.M.
AC 2009-004
Arthur Cross
3498 Town Creek Road
Murphysboro, IL 62966

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Janet Cross Addressee

B. Received by (Printed Name) C. Date of Delivery
10-23-08

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
(Transfer from service label) 7008 0500 0000 4545 6288

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

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: 10/16/08 B.M.
AC 2009-004
Lester Johnson
3514 Town Creek Road
Murphysboro, IL 62966

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Lester Johnson Addressee

B. Received by (Printed Name) C. Date of Delivery
10-24-08

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
(Transfer from service label) 7008 0500 0000 4545 6271

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: 10/16/08 B.M.
AC 2009-004
Daniel Brenner
Jackson County State's Attorney
Office
Jackson County Courthouse
3rd Floor
Murphysboro, IL 62966

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Daniel Brenner Addressee

B. Received by (Printed Name) C. Date of Delivery
Holley 10-23-08

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
(Transfer from service label) 7008 0500 0000 4545 5380

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540