Electronic Filing - Recived, Clerk's Office: 07/30/2013 COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION J. Pemberten A. Signature Complete items 1, 2, and 3. Also complete Agent item 4 if Restricted Delivery is desired. **Bennael** Print your name and address on the reverse □ Addressee so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, 2 2 7015 or on the front if space permits. D. Is delivery address different from item 1? Yes 1. Article Addressed to: If YES, enter delivery address below: THOMAS DAVIS RACHEL R. MEDINA ENVIRONMENTAL BUREAU/SPRINGFIELD ILLINOIS ATTORNEY GENERAL'S OFFICE 3. Service Type 500 SOUTH SECOND STREET ☐ Certified Mali ☐ Express Mail □ Registered ☐ Return Receipt for Merchandise SPRINGFIELD IL 627 06 Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 7008 0150 0000 9251 4923 (Transfer from service label) 102595-02-M-1540 PS Form 3811, February 2004 **Domestic Return Receipt** COMPLETE THIS SECTION ON DELIVERY **SENDER:** COMPLETE THIS SECTION A. Signature Complete items 1, 2, and 3. Also complete X Illinois Environmental Protection Agent Addressee item 4 if Restricted Delivery is desired. Print your name and address on the reverse B. Received Bps/Polificat/Name) 9276 C. Date of Delivery Springfield, Illinois 62794-\$276 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. D. Is delivery address different (printern 1? Yes If YES, enter delivery address below: No 1. Article Addressed to: DEBORAH WILLIAMS DIVISION OF LEGAL COUNSEL IL. ENVIRONMENTAL PROTECTION AGENCY 1021 N. GRAND AVE. EAST 3. Service Type ☐ Certified Maii ☐ Express Mali P.O. BOX 19276 □ Registered ☐ Return Receipt for Merchandise SPRINGFIELD IL 62794-9276 Insured Mail ☐ C.O.D. . Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 7008 0150 0000 9251 4886 (Transfer from service label) PS Form 3811, February 2004 **Domestic Return Receipt** 102595-02-M-1540 COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature ■ Complete items 1 2, and 3. Also complete ☐ Agent item 4 if Restricted Delivery is desired. ☐ Addressee Print your name and address on the reverse Received by (Palled Name) C. Date of Delivery so that we can return the card to you. Attach this card to the back of the mailpiece, D. Is delivery address different from item 1? or on the front if space permits. if YES, enter delivery address below: 1. Article Addressed to: AMY ANTONIOLLI DANIEL J. DEEB STEPHEN J. BONEBRAKE SCHIFF HARDIN, LLP 3. Service Type ☐ Express Mail □ Certified Mail 6600 WILLIS TWER ☐ Return Receipt for Merchandise □ Registered 233 S. WALKER DRIVE ☐ Insured Mail C.O.D. CHICAGO, IL 60606 4. Restricted Delivery? (Extra Fee) ☐ Yes 7008 0150 0000 9251 4909 2. Article Number (Transfer from service label) 102595-02-M-1540 **Domestic Return Receipt** PS Form 3811, February 2004