

RECEIVED
CLERK'S OFFICE

MAR 21 2003

65448-POH

STATE OF ILLINOIS
BEFORE THE ILLINOIS POLLUTION CONTROL BOARD
Pollution Control Board

MICHAEL WATSON,

Petitioner,

vs.

COUNTY BOARD OF KANKAKEE COUNTY,
ILLINOIS, and WASTE MANAGEMENT OF
ILLINOIS, INC.,

Respondent.

No. PCB 03-134

(Pollution Control Facility Siting Appeal)

Consolidated With PCB 03-125, 03-133,
03-135)

**PROOF OF SERVICE OF PETITION FOR REVIEW OF DECISION
CONCERNING SITING OF A NEW POLLUTION CONTROL FACILITY**

Petitioner Michael Watson, by and through his attorneys at Querrey & Harrow, Ltd., respectfully submits this proof of service, pursuant to the requirements of 35 IAC 101.304(b), of his Petition for Review of Decision Concerning Siting of a New Pollution Control Facility filed with the Illinois Pollution Control Board on March 3, 2003. Please find attached copies of proof of service and certified mail receipts showing service of the Petition on the following Parties, as defined in 35 IAC 101.202:

CT Corporation System
c/o Waste Management of Illinois, Inc.
208 South LaSalle Street
Chicago, IL 60604-1135
Waste Management of Illinois, Inc.

Mr. Bruce Clark
Kankakee County Clerk
Kankakee County Administration Bldg.
180 E. Court Street
Kankakee, IL 60901
County of Kankakee

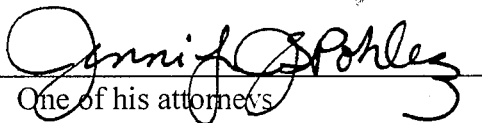
Donald Moran
Pedersen & Houpt
161 North Clark Street
Suite 3100
Chicago, IL 60601-3242
**Attorney for Waste Management of
Illinois, Inc.**

Mr. Karl A. Kruse
Chairman of the Kankakee County Board
189 E. Court Street
Kankakee, IL 60901
County of Kankakee

Dated: March 21, 2003

Respectfully submitted,

MICHAEL WATSON

By: 
One of his attorneys

Jennifer J. Sackett Pohlenz
Querrey & Harrow, LTD.
175 W. Jackson Blvd., Suite 1600
Chicago, Illinois 60604
Phone: (312) 540-7000
Fax: (312) 540-0578

Document #: 812511

PROOF OF SERVICE

Alesia Mansfield, a non-attorney, on oath states that she served the foregoing Notice of Filing, Appearance, and Petition for Review of Decision on the following parties in the following manner(s) this 3rd day of March, 2003, before the hour of 5:00 p.m.

Certified Mail – Return Receipt Requested

CT Corporation System
208 South LaSalle Street
Chicago, IL 60604-1135
Registered Agent for Waste Management of
Illinois, Inc.

Certified Mail – Return Receipt Requested

Donald Moran
Pedersen & Houpt
161 North Clark Street
Suite 3100
Chicago, IL 60601-3242
Attorney for Waste Management of Illinois

Certified Mail – Return Receipt Requested

Mr. Karl A. Kruse
Chairman of The Kankakee County Board
189 E. Court Street
Kankakee, IL 60901

Certified Mail – Return Receipt Requested

Mr. Bruce Clark
Kankakee County Clerk
Kankakee County Administration Bldg.
180 E. Court Street
Kankakee, IL 60901

Certified Mail – Return Receipt Requested

Edward D. Smith
State's Attorney
County of Kankakee
450 East Court Street
Kankakee, IL 60901-3992

Certified Mail – Return Receipt Requested

Kenneth A. Bleyer
Attorney at Law
923 West Gordon Terrace, #3
Chicago, IL 60613-2013

Certified Mail – Return Receipt Requested

George Mueller
George Mueller, P.C.
501 State Street
Ottawa, IL 61350
Interested Party

Certified Mail – Return Receipt Requested

Patricia O'Dell
1242 Arrowhead Drive
Bourbonnais, IL 60914

Interested Party

Certified Mail – Return Receipt Requested

John J. McCarthy
45 East Side Square
Suite 301
Canton, IL 61520

Certified Mail – Return Receipt Requested

Keith Runyon
1165 Plum Creek Drive
Bourbonnais, IL 60914

Interested Party

Certified Mail – Return Receipt Requested

Leland Milk
6903 S. Route 45-52
Chebanse, IL 60922-5153
Interested Party

Via Regular Mail

Elizabeth S. Harvey, Esq.
Swanson, Martin & Bell
One IBM Plaza, Suite 2900
330 North Wabash
Chicago, IL 60611
Representing Kankakee County Board

Certified Mail – Return Receipt Requested

L. Patrick Power
956 North Fifth Avenue
Kankakee, IL 60901
Interested Party

Via Regular Mail

Charles F. Helsten
Hinshaw & Culbertson
100 Park Avenue
P.O. Box 1389
Rockford, Illinois 61105-1389


Alesia Mansfield

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7002 0510 0004 2478 5346

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

3/3/03

Sent **Mr. Karl A. Kruse**
Chairman of The Kankakee County Board
 Street or PO Box No. **189 E. Court Street**
 City, State, Zip **Kankakee, IL 60901**

PS Form 3800, January 2001

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:

Mr. Karl A. Kruse
 Chairman of The Kankakee County Board
 189 E. Court Street
 Kankakee, IL 60901

2. Article Number
 (Transfer from service label)

7002 0510 0004 2478 5346

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
John Wheeler

B. Received by (Printed Name) **JOHN WHEELER** C. Date of Delivery **3-5-03**

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

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only - No Insurance Coverage Provided)

7002 0510 0004 2478 5339

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark
Here

3/3/03

To: **Mr. Bruce Clark**

Service: **Kankakee County Clerk**

Street: **Kankakee County Administration Bldg.**

City, State, ZIP: **180 E. Court Street**

Kankakee, IL 60901

PS Form 3811, January 2001

See Reverse for Instructions

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:

**Mr. Bruce Clark
 Kankakee County Clerk
 Kankakee County Administration Bldg.
 180 E. Court Street
 Kankakee, IL 60901**

2. Article Number
 (Transfer from service label)

7002 0510 0004 2478 5339

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *John Wheeler* Agent Addressee

Received by (Printed Name) **JOHN WHEELER** C. Date of Delivery **3-5-03**

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)

7002 0510 0004 2478 5353

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark
Here
3/3/03

Donald Moran

See Reverse for Instructions

Send to:
 Recipient's Name
 Pedersen & Houpt
 Street
 161 North Clark Street
 or PO Box No.
 Suite 3100
 City
 Chicago, IL 60601-3242

PS Form 3811, August 2001 See Reverse for Instructions

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:

Donald Moran
 Pedersen & Houpt
 161 North Clark Street
 Suite 3100
 Chicago, IL 60601-3242

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
 Singer

C. Date of Delivery
 03/10/03

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) 7002 0510 0004 2478 5353

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)

7002 0510 0004 0583 9969

Postage	\$	Postmark Here 313103
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Send to:
CT Corporation System
 Street:
208 South LaSalle Street
 or P.O. Box, No.
Chicago, IL 60604-1135

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:

CT Corporation System
208 South LaSalle Street
Chicago, IL 60604-1135

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name): **CT Corp**

C. Date of Delivery

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) **7002 0510 0004 0583 9969**

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only - No Insurance Coverage Provided)

7002 0510 0004 0583 9976

Postage	\$
Certified Fee	
Return Receipt Fee (Enclosure Required)	
Restricted Delivery Fee (Enclosure Required)	
Total Postage & Fees	\$

Postmark
Here

3/5/03

Sent: **CT Corporation System**
 Street or P.O. Box: **c/o Waste Management of Illinois, Inc.**
 City: **208 South LaSalle Street**
Chicago, IL 60604-1135

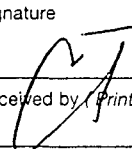
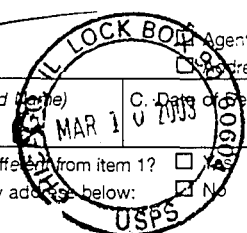
SENDER: COMPLETE THIS SECTION

- 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:

CT Corporation System
c/o Waste Management of Illinois, Inc.
208 South LaSalle Street
Chicago, IL 60604-1135

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X  

B. Received by (Printed Name) _____ C. Date of Delivery _____

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

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) **7002 0510 0004 0583 9976**

MAR 21 2003

65448-POH

STATE OF ILLINOIS
Pollution Control Board

BEFORE THE ILLINOIS POLLUTION CONTROL BOARD

MICHAEL WATSON,

Petitioner,

vs.

COUNTY BOARD OF KANKAKEE COUNTY,
ILLINOIS, and WASTE MANAGEMENT OF
ILLINOIS, INC.,

Respondent.

No. PCB 03-134

(Pollution Control Facility Siting Appeal)

Consolidated With PCB 03-125, 03-133,
03-135)

**PROOF OF SERVICE OF AMENDED PETITION FOR REVIEW OF DECISION
CONCERNING SITING OF A NEW POLLUTION CONTROL FACILITY**

Petitioner Michael Watson, by and through his attorneys at Querrey & Harrow, Ltd., respectfully submits this proof of service, pursuant to the requirements of 35 IAC 101.304(b), of his Amended Petition for Review of Decision Concerning Siting of a New Pollution Control Facility filed with the Illinois Pollution Control Board on March 7, 2003. Please find attached copies of proof of service and certified mail receipts showing service of the Petition on the following Parties, as defined in 35 IAC 101.202:

CT Corporation System
c/o Waste Management of Illinois, Inc.
208 South LaSalle Street
Chicago, IL 60604-1135
Waste Management of Illinois, Inc.

Mr. Bruce Clark
Kankakee County Clerk
Kankakee County Administration Bldg.
180 E. Court Street
Kankakee, IL 60901
County of Kankakee

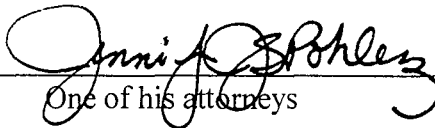
Donald Moran
Pedersen & Houpt
161 North Clark Street
Suite 3100
Chicago, IL 60601-3242
**Attorney for Waste Management of
Illinois, Inc.**

Mr. Karl A. Kruse
Chairman of The Kankakee County Board
189 E. Court Street
Kankakee, IL 60901
County of Kankakee

Dated: March 21, 2003

Respectfully submitted,

MICHAEL WATSON

By: 
One of his attorneys

Jennifer J. Sackett Pohlenz
Querrey & Harrow, LTD.
175 W. Jackson Blvd., Suite 1600
Chicago, Illinois 60604
Phone: (312) 540-7000
Fax: (312) 540-0578

PROOF OF SERVICE

Alesia Mansfield, a non-attorney, on oath states that she served the foregoing Notice of Filing, Appearance, and Petition for Review of Decision on the following parties in the following manner(s) this 7th day of March, 2003, before the hour of 5:00 p.m.

Certified Mail – Return Receipt Requested

CT Corporation System
c/o Waste Management of Illinois, Inc.
208 South LaSalle Street
Chicago, IL 60604-1135
Registered Agent for Waste Management of Illinois, Inc.

Certified Mail – Return Receipt Requested

Donald Moran
Pedersen & Houpt
161 North Clark Street
Suite 3100
Chicago, IL 60601-3242
Attorney for Waste Management of Illinois

Certified Mail – Return Receipt Requested

Mr. Karl A. Kruse
Chairman of The Kankakee County Board
189 E. Court Street
Kankakee, IL 60901

Certified Mail – Return Receipt Requested

Mr. Bruce Clark
Kankakee County Clerk
Kankakee County Administration Bldg.
180 E. Court Street
Kankakee, IL 60901

Certified Mail – Return Receipt Requested

Edward D. Smith
State's Attorney
County of Kankakee
450 East Court Street
Kankakee, IL 60901-3992

Certified Mail – Return Receipt Requested

Kenneth A. Bleyer
Attorney at Law
923 West Gordon Terrace. #3
Chicago, IL 60613-2013

Certified Mail – Return Receipt Requested

George Mueller
George Mueller, P.C.
501 State Street
Ottawa, IL 61350
Representing Merlin Karlock

Certified Mail – Return Receipt Requested

Patricia O'Dell
1242 Arrowhead Drive
Bourbonnais, IL 60914

Interested Party

Certified Mail – Return Receipt Requested

John J. McCarthy
45 East Side Square
Suite 301
Canton, IL 61520

Certified Mail – Return Receipt Requested

Keith Runyon
1165 Plum Creek Drive
Bourbonnais, IL 60914

Interested Party

RECEIVED
CLERK'S OFFICE

MAR 7 2003

Certified Mail - Return Receipt Requested

Certified Mail - Return Receipt Requested

STATE OF ILLINOIS
Pollution Control Board

Leland Milk
6903 S. Route 45-52
Chébanse, IL 60922-5153
Interested Party

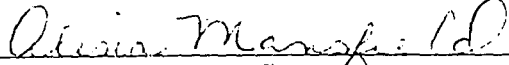
L. Patrick Power
956 North Fifth Avenue
Kankakee, IL 60901
Interested Party

Via Regular Mail

Via Regular Mail

Elizabeth S. Harvey, Esq.
Swanson, Martin & Bell
One IBM Plaza, Suite 2900
330 North Wabash
Chicago, IL 60611
Representing Kankakee County Board

Charles F. Helsten
Hinshaw & Culbertson
100 Park Avenue
P.O. Box 1389
Rockford, Illinois 61105-1389


Alesia Mansfield

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only - No Insurance Coverage Provided)

7000 0600 0026 7965 3092

Postage \$	
Certified Fee	
Return Receipt Fee Endorsement Required	
Restricted Delivery Fee Endorsement Required	
Total	Donald Moran

Postmark
 3/7/03

Recipient Name: **Pedersen & Houpt**

Address: **161 North Clark Street**
Suite 3100
Chicago, IL 60601-3242

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:

Donald Moran
Pedersen & Houpt
161 North Clark Street
Suite 3100
Chicago, IL 60601-3242

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* Agent Addressee

B. Received by (Printed Name) *Singer* C. Date of Delivery *3/12/03*

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

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) **7000 0600 0026 7965 3092**

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only - No Insurance Coverage Provided)

7000 0600 0026 7965 3078

Postage Fee: _____
 Certified Fee: _____
 Return Receipt Fee (Endorsement Required): _____
 Restricted Delivery Fee (Endorsement Required): _____

3/7/03

Postmark here

Total: **Mr. Bruce Clark**
 Recipient: **Kankakee County Clerk**
 Street: **Kankakee County Administration Bldg.**
 City/State: **180 E. Court Street**
Kankakee, IL 60901

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature X <i>John Wheeler</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) JOHN WHEELER C. Date of Delivery 3-11-03</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Mr. Bruce Clark Kankakee County Clerk Kankakee County Administration Bldg. 180 E. Court Street Kankakee, IL 60901</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" 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>

2. Article Number (Transfer from service label) **7000 0600 0026 7965 3078**

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)

590E 596E 9200 0090 0002
 7000 0600 0026 7965 3085

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee _____
 (Endorsement Required)
 Restricted Delivery Fee _____
 (Endorsement Required)
 Total Postage & Fees \$ _____

Postmark
 Here
 3/7/03

Recipient's Name Mr. Karl A. Kruse
 Chairman of The Kankakee County Board
 Street 189 E. Court Street
 City Kankakee, IL 60901

PS Form 3811, August 2001. See Reverse for Instructions.

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:

Mr. Karl A. Kruse
 Chairman of The Kankakee County Board
 189 E. Court Street
 Kankakee, IL 60901

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X John Wheeler Agent Addressee

Received by (Printed Name) JOHN WHEELER C. Date of Delivery 3-7-03

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) 7000 0600 0026 7965 3085

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)

7000 0600 0026 7965 3061

Postage	\$	<div style="font-size: 2em; font-weight: bold;">3/7/03</div> Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		

Recipient Name: **Edward D. Smith**
 State's Attorney
 County of Kankakee
 Street: **450 East Court Street**
 City, State: **Kankakee, IL 60901-3992**

PS Form 3811, February 2000 See Reverse for Instructions

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:

Edward D. Smith
State's Attorney
County of Kankakee
450 East Court Street
Kankakee, IL 60901-3992

2. Article Number
 (Transfer from service label) **7000 0600 0026 7965 3061**

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Agent
 Addressee

X *John Wheeler*

Received by (Printed Name) **JOHN WHEELER**

C. Date of Delivery **3-7-03**

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

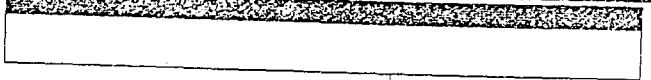
3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7000 0600 0026 7965 3108

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only - No Insurance Coverage Provided)



Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Fees	

3/7/03
 Postmark
 Here

CT Corporation System

Recipient's Name: **c/o Waste Management of Illinois, Inc.**

Street: **208 South LaSalle Street**

City: **Chicago, IL 60604-1135**

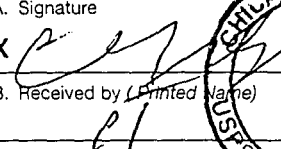
SENDER: COMPLETE THIS SECTION

- 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.

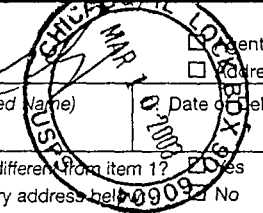
1. Article Addressed to:

CT Corporation System
c/o Waste Management of Illinois, Inc.
208 South LaSalle Street
Chicago, IL 60604-1135

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Addressee

B. Received by (Printed Name) Date of Delivery

C. 

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) **7000 0600 0026 7965 3108**