## ORIGINAL

Freeport, IL 61032

■ 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: 9/2/04 B.M.
AC 2005-003
Ryan Wilson, P.E.
Fehr-Graham and Associates
221 E. Main Street

|   |                                    |   |   | <br>  |                                       |                           | _                                 |
|---|------------------------------------|---|---|---|---------------------------------------|---------------------------|-----------------------------------|
|   | 4 Restricted Deliverv? (Fxfra Fee) | ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. | 3. Service Type  3. Service Type  4. Express Mail | D. is delivery address different from item 1? If YES, enter delivery address below: | B. Received by (Printed Name) C. Date | A Signature  X De Sourses | COMPLETE THIS SECTION ON DELIVERY |
| - | □<br>‰                             | or Merchandise  |   | □ □<br>V eg   | C. Date of Delivery ペー/アーの ケ          | ☐ Agent☐ Addressee        |                                   |

RECEIVED CLERK'S OFFICE

SEP 2 0 2004

STATE OF ILLINOIS Pollution Control Board

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY  |
|--|--|
| ■ Complete items 1, 2, and 3. Also complete  | A. Signature   |
| item 4 if Restricted Delivery is desired.  | Agent Agent  |
| <ul><li>Print your name and address on the reverse<br/>so that we can return the card to you.</li></ul>  | Address  |
| Attach this card to the back of the mailpiece,   | B. Received by (Printed Name) C. Date of Delive  |
| or on the front if space permits.  | D. Is delivery address different from item 1?  Yes   |
| 1. Article Addressed to: 9/2/04 B.M.   | If YES, enter delivery address below:  |
| AC 2005-003  | ,  |
| Latracia Ishmon  |  |
| City of Freeport   |  |
| City Hall  |  |
| 230 West Stephenson Street   | 3. Service Type  |
| Freeport IL 61032-4359   | Gertified Mail   |
| 11 01032-4339  | ☐ Insured Mail ☐ C.O.D.  |
| - first or   | 4. Restricted Delivery? (Extra Fee) Yes  |
| 2. Article Numbér  |  |
| (Transfer from service label) 7004 1160 0005   | 4123 1591  |
| PS Form 3811, February 2004 Domestic Ref   | turn Receipt 102595-02-M-15  |
|  |  |
|  |  |
| The same of the sa |  |
| SENDER: COMPLETE THIS SECTION  |  |
| Complete items 4 a   | COMPLETE THIS SECTION ON DELIVERY  |
| Allem 4 if Bootsies  | . Signature  |
| Print your name and address on the reverse   | - 1011   |
| Attach this card to the  | Received by (Printed No.   |
| Attach this card to the back of the mailpiece, or on the front if space permits.   | / _ / C Date A =   |
| Article 4 III  | CIPCON I IN INC. I Delivery  |
| JB 2005-003  | is delivery address disc   |
| mes L. Perry lland nergy, LLC 2, B 270-4   | audress below:   |
| lland  | P.DBap 65  |
| 2, B 270-A   | 1 000  |
| 2. B 65  | of RAZ Buzzo-A   |
|  | Service Type   |
| 62414-0065   | Certified Mail   |
| , , , , , , , , , , , , , , , , , , ,  | Return Receipt for Manage  |
|  | Insured Mail C.O.D.  |
|  | estricted Delivery? (Extra Fee)  |
| m 3811, February 2004  | 23 1577  |
| rm 3811, February 2004 Domestic Return Reco  | 25 13//  |
| Light Heck   | 102595-02-M-1540   |
| the state of the s |  |
| SENDER: COMPLETE THIS SECTION  | COMPLETE THE SECTION ON DELIVERY   |
|  | COMPLETE THIS SECTION ON DELIVERY  |
| Complete items 1, 2, and 3. Also complete  | A. Signature   |
| item 4 if Restricted Delivery is desired.  Print your name and address on the reverse  | XX Coulds D Addresse   |
| so that we can return the card to you.   | B. Beceived by (Printed Name) C. Date of Deliver   |
| Attach this card to the back of the mailpiece,<br>or on the front if space permits.  | R Casher Ollo  |
| D / D / D / D / D / D / D / D / D / D /  | D. Is delivery address different from item 12 (1) Yes  |
| /  | If YES, enter delivery address below: 🔲 No   |
| PCB 2005-003   |  |
| Dan Skowronski   |  |
| Constellation Power  | ing the second of the second o |
| 100 Market Place, Suite 500  |  |
| Baltimore, MD 21202  | 3. Service Type  |
|  | Certified Mail   |
|  | ☐ Insured Mail ☐ C.O.D.  |
|  | 4. Restricted Delivery? (Extra Fee)  |
| 2. Article Number  |  |
| (Transfer from service label) 7004 1160 0005   | 4123 1584  |

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154