

RECEIVED
CLERK'S OFFICE

APR 29 2005

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: 4/21/05 B.M.
PCB 2005-096
Lawrence A. Lipe
Lawrence A. Lipe & Associates
901 North DuQuion Street
P.O. Drawer 130
Benton, IL 62812

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Phyllis Lipe Agent Addressee

B. Received by (Printed Name)

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) 7004 2890 0004 2296 5004

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: 4/21/05 B.M.
PCB 2005-096
Village of North City Clerk
Village of North City
P.O. Drawer E
Coello, IL 62825

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Phyllis Lipe Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

P.O. Box E

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) 7004 2890 0004 2296 5011

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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- 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: 4/21/05 B.M.
PCB 2005-096
Mark C. Goldenberg
Altman-Charter Company
2227 S. State Route 127
Edwardsville, IL 62025

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Char Johnson Agent Addressee

B. Received by (Printed Name)

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) 7004 2890 0004 2307 0851

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540