ORIGINAL

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: 6/16/05 B.M.

PCB 2004-100
Michael J. Quinn
Seyfarth Shaw
55 E. Monore Street, Ste. 4200
Chicago, IL 60603-5803

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X _____ ☐ Agent ☐ Addressee

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:

JUN 2 4 2005

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 1124

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: 6/16/05 B.M.

PCB 2004-100
Edward L. Filer
FagelHaber LLC
55 E. Monroe Street, 40th Floor
Chicago, IL 60603

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X F. Grzman   ☐ Agent ☐ Addressee

B. Received by (Printed Name)   C. Date of Delivery
6-24-05

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)   7004 2890 0004 2307 1094

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: 6/16/05 B.M.

PCB 2004-100
James T. Wasniewski
Roberts Environmental Control, Inc.
7410 Duvan Drive
Tinley Park, IL 60477

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Cynthia White   ☐ Agent ☐ Addressee

B. Received by (Printed Name)   C. Date of Delivery
Cynthia White   6/23/05

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)   7004 2890 0004 2307 1148

ORIGINAL

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: 6/16/05 B.M.

PCB 2004-100
11 East Adams, LLC
55 E. Jackson Blvd.
Floor 5
Chicago, IL 60604-4396

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X _____   ☐ Agent
                      ☐ Addressee

B. Received by (Printed Name)   C. Date of Delivery
Udia Treme   6/23/05

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 1131

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: 6/16/05 B.M.

PCB 2004-100
Darren R. Bertram
FagelHaber LLC
55 E. Monroe Street, 40th Floor
Chicago, IL 60603

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X F. Guzman   ☐ Agent
               ☐ Addressee

B. Received by (Printed Name)   C. Date of Delivery
6-22

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 1117

PS Form 3811, February 2004   Domestic Return Receipt   102595-02-M-1540