

RECEIVED
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NOV 14 2005

STATE OF ILLINOIS
Pollution Control Board

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: 11/3/05 B.M.
PCB 2005-215
Stephan Appell
Village of Cherry Valley
806 East State Street
Cherry Valley, IL 61016

2. Article Number (Copy from service label)
7005 1160 0002 2443 1064

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
Angela Hale 11-10-05
C. Signature Agent
x Angela Hale Addressee
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

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: 11/3/05 B.M.
PCB 2005-215
Curtis R. Tobin, II
Tobin & Ramon
530 South State Street
Suite 200
Belvidere, IL 61008

2. Article Number (Copy from service label)
7005 1160 0002 2443 1057

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
Suzanne Hess 11/10/05
C. Signature Agent
x Suzanne Hess Addressee
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

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.
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1. Article Addressed to: 11/3/05 B.M.
PCB 2005-215
Jack D. Ward
Reno, Zahm, Folgate, Lindberg
& Powell
2602 McFarland Road
Suite 400
Rockford, IL 61107

2. Article Number
(Transfer from service label) 7005 1160 0002 2443 1125

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
x J. Koening Addressee
B. Received by (Printed Name) C. Date of Delivery
J. Koening 11-10-05
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

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: 11/3/05 B.M.
 PCB 2005-215
 PaTrisha Gibbs
 First Rockford Group
 6801 Spring Creek Road
 Rockford, IL 61114

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Tricia Beck Agent
 Address

B. Received by (Printed Name) *Tricia Beck* C. Date of Delivery *11-10-05*

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) 7005 1160 0002 2443 1095

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: 11/3/05 B.M.
 PCB 2005-215
 John P. Malburg
 Heritage Engineering
 345 Executive Parkway
 Suite M1
 Rockford, IL 61125

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 John P. Malburg Agent
 Address

B. Received by (Printed Name) C. Date of Delivery *11/10/05*

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) 7005 1160 0002 2443 1101

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: 11/3/05 B.M.
 PCB 2005-215
 Bruce Schlichting
 Schlichting & Sons Excavating
 8966 East State Street
 Rockford, IL 61108

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Kasie Kosinski Agent
 Address

B. Received by (Printed Name) C. Date of Delivery *11/10*

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) 7005 1160 0002 2443 1118