ORIGINAL

RECEIVED CLERK'S OFFICE

JAN 23 2006

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. Print your name and address on the reverse	X Wh Wall Address
so that we can return the card to you.	B/Received by (Printed Name) C. Date of Deli
Attach this card to the back of the mailpiece, or on the front if space permits.	
1. Article Addressed to: 1/5/06 B.M.	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
PCB 2005-099	If YES, enter delivery address below: LI No
Brian D. Lewis	{ {
411 1/2 N. Court Street	
Marion, IL 62959	
	3. Service Type 3. Service Type 4. Express Mail
	Begistered D Return Receipt for Merchand
	☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Transfer from service label) 7005 1160 000	2 2443 1361
	eturn Receipt 102595-02-M-
•	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
	A. Signature
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	Agent
Print your name and address on the reverse	Audies Li Audies
so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Matrie) C: Date of Deliv
or on the front if space permits.	D. Is delivery address differed that iter Title Yes
1. Article Addressed to: 1/5/06 B.M.	If YES, enter delivery address below:
PCB 2005-099	
Stephen R. Green	USPS
Armstrong & Green	
400 N. Market Street	3. Service Type
P.O. Box 1087	Certified Mail
Marion, IL 62959 .	☐ Registered ☐ Return Receipt for Merchand
	4. Restricted Delivery? (Extra Fee)
2. Article Number	
(Transfer from service label) 7005 1160 00	02 2443 1347
PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-1
SENDER: COMPLETE THIS SECTION	COMPLETE TH'S 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	Agent Addres
so that we can return the card to you.	B. Necelyed by (Printed Name) C. Dateon Deliv
Attach this card to the back of the mailpiece, or on the front if space permits.	Se (at 1 (tylb)
1. Article Addressed to: 1/5/06 B.M.	D. Is delivery address different from Item 1? 🖂 Yes
PCB 2005-099	If YES, enter delivery address below:
Randy Patchett	
Patchett Law Office	USPS -
104 West Calvert	
P.O. Box 1176	3. Service Type
	Certified Mail Express Mail
Marion, IL 62959	"☐ Registered ☐ Return Receipt for Merchanc
	4. Restricted Delivery? (Extra Fee)
2. Article Number	1 108
(Transfer from service label) 7005 1160 000	2 2443 1354
PS Form 3811, February 2004 Domestic Re	sturn Receipt 102595-02-M-