

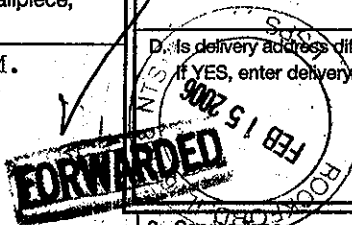
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STATE OF ILLINOIS
Pollution Control Board

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none">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.	A. Signature <i>Bonnie M. Shover</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: 2/2/06 B.M. PCB 2005-215 James E. Stevens Barrick, Switzer, Long, Balsley & Van Evera One Madison Street Rockford, IL 61104	B. Received by (Printed Name) C. Date of Delivery 2/15/06
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Transfer from service label)	7005 1160 0002 2443 1644
PS Form 3811, February 2004	Domestic Return Receipt 102595-02-M-1540



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none">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.	A. Signature <i>Stephan Appell</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: 2/2/06 B.M. PCB 2005-215 Stephan Appell Village of Cherry Valley 806 East State Street Cherry Valley, IL 61016	B. Received by (Printed Name) C. Date of Delivery Stephan Appell 2-13-06
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Transfer from service label)	7005 1160 0002 2443 1668
PS Form 3811, February 2004	Domestic Return Receipt 102595-02-M-1540