

ORIGINAL

RECEIVED
CLERK'S OFFICE

APR 17 2006

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: 4/6/06 B.M.
 AC 2006-025
 Ida Haberman
 P.O. Box 96
 Willisville, IL 62997

2. Article Number
 (Transfer from service label) 7005 1160 0002 2067 8838

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Ida Haberman* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
 IDA HABERMAN 4-13-06

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: 4/6/06 B.M.
 AC 2006-025
 David Stanton
 Perry County State's Attorney
 One Public Square
 Pickneyville, IL 62274

2. Article Number
 (Transfer from service label) 7005 1160 0002 2067 8821

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
David Stanton 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