ORIGINAL

RECEIVED CLERK'S OFFICE

MAY 0 1 2006

STATE OF ILLINOIS Pollution Control Board

| NJ 1980 | · · · · · · |
|--|--|
| 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 Pracy Jonassen Addressee |
| so thet we can return the card to you. | B. Received by (Printed (Name) C. Date of Delivery |
| Attack this card to the back of the malipiece, or ceithe front if space permits. | 4-27-06 |
| 1. Article didressed to: 4/20/06 B.M. | D. Is delivery address different from Item 1? Yes |
| AC 2006-027 | If YES, enter delivery address below: No |
| LaSalle County Department of | |
| Environmental Services and | |
| Development | |
| 119 West Madison Street | 3. Service Type Certified Mall |
| Room 406 | ☐ Registered ☐ Return Receipt for Merchandise |
| Ottawa, IL 61350 | ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes |
| 2. Article Number | 4. Hestricted Delivery? (Extra Fee) Yes |
| (Transfer from service label) 7005 1160 0002 | 2067 9002 |
| PS Form 3811, February 2004 Domestic Retur | n Receipt 102595-02-M-1540 : |
| | in the second se |
| 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 | X7 Custal Kock DAddressee |
| so that we can return the card to you. | B. Received by (Printed Name) C. Date of Delivery |
| Attach this card to the back of the mailpiece, or on the front if space permits. | X Crusta (Foeta 42706 |
| 1. Article Addressed to: 4/20/06 B.M. | D, is delivery address different from item 1? Yes |
| AC 2006-027 | If YES, enter delivery address below: |
| Jerry Koetz | |
| 2086 N. 21st Road | |
| Grand Ridge, IL 61325 | |
| | 3. Service Type Certified Mall Depress Mall |
| | ☐ Registered ☐ Return Receipt for Merchandise |
| | ☐ insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes |
| 2. Article Number | The state of the s |
| (Transfer from service label) 7005 1160 0002 | 2067 9019 |
| PS Form 3811, February 2004 Domestic Retu | ım Receipt 102595-02-M-1540 |
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| item 4 if Restricted Delivery is desired. Print your name and address on the reverse | X Werring Addressee |
| so that we can return the card to you. Attach this card to the back of the mailplece. | B. Received by (Printed Name) C. Date of Delivery |
| or on the front if space permits. | 4-27-06 |
| 1. Article Addressed to: 4/20/06 B.M. | D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No |
| AC 2006-027 | V |
| Troy D. Holland | · |
| LaSalle County State's Attor | rney |
| OCCI | |
| Office | 2 Sandos Timo |
| 707 Etna Road | 3. Service Type 3. Certified Mail □ Express Mail |
| 707 Etna Road Room 251 | Certified Mail |
| 707 Etna Road | Certified Mail |

7005 1160 0002 2067 8999

(Transfer from service label)