

RECEIVED
CLERK'S OFFICE

ORIGINAL MAY 30 2006

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 <input type="checkbox"/> Agent <input checked="" type="checkbox"/> <i>W. Brenner</i> <input type="checkbox"/> Addressee | |
| 1. Article Addressed to: 5/18/06 B.M. AC 2006-037 Daniel Brenner Jackson County State's Attorney Office Jackson County Courthouse Murphysboro, IL 62966 | | B. Received by (Printed Name) <i>W. Brenner</i> | C. Date of Delivery <i>5-26-06</i> |
| 2. Article Number (Transfer from service label) 7005 1160 0002 2067 9262 | | D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No | |
| PS Form 3811, February 2004 | | 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. | |
| Domestic Return Receipt | | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes | |
| 102595-02-M-1540 | | | |

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| <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 <input type="checkbox"/> Agent <input checked="" type="checkbox"/> <i>James Qualls</i> <input type="checkbox"/> Addressee | |
| 1. Article Addressed to: 5/18/06 B.M. AC 2006-037 James Qualls 2642 Wilson Road Ava, IL 62907 | | B. Received by (Printed Name) <i>James Qualls</i> | C. Date of Delivery <i>5-26-06</i> |
| 2. Article Number (Transfer from service label) 7005 1160 0002 2067 9279 | | D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No | |
| PS Form 3811, February 2004 | | 3. Service Type <input 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. | |
| Domestic Return Receipt | | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes | |
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