

ORIGINAL

RECEIVED
CLERK'S OFFICE

AUG 16 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: 8/4/06 B.M.
PCB 2005-215
Charles F. Helsten
Hinshaw & Culbertson
100 Park Avenue
P.O. Box 1389
Rockford, IL 61105-1389

2. Art
(In

PS Form

COMPLETE THIS SECTION ON DELIVERY

A. Signature *A. Bilodeau* Agent Addressee

B. Received by (Printed Name) *A. Bilodeau* C. Date of Delivery *Aug 14 2006*

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

102595-02-M-1540

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: 8/4/06 B.M.
PCB 2005-215
John P. Malburg
Heritage Engineering
345 Executive Parkway
Suite M1
Rockford, IL 61125

2. A
(In

PS Form

COMPLETE THIS SECTION ON DELIVERY

A. Signature *John P. Malburg* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery *8/14/06*

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

102595-02-M-1540

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1. Article Addressed to: 8/4/06 B.M.
PCB 2005-215
Curtis R. Tobin, II
Tobin & Ramon
530 South Street, Suite 200
Belvidere, IL 61008

2.

PS

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Sue Hess* 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

102595-02-M-1540