


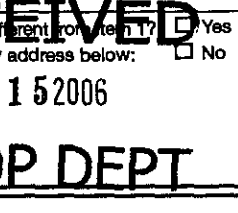
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STATE OF ILLINOIS
Pollution Control Board

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 <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>B. Brandt</i>
1. Article Addressed to: 9/7/06 B.M. PCB 2006-117 Brian E. Konzen Lueders, Robertson & Konzen 1939 Delmar P.O. Box 735 Granite City, IL 62040	B. Received by (Printed Name) <input type="checkbox"/> Agent <i>B. Brandt</i> <input type="checkbox"/> Addressee C. Date of Delivery
2. Article Number (Transfer from service label) 7005 1160 0002 2068 0275	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. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes Domestic Return Receipt 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"/> Addressee X
1. Article Addressed to: 9/7/06 B.M. PCB 2006-117 c/o Saline County Landfill, Inc. CT Corporation Systems 208 S. LaSalle Street, Ste. 814 Chicago, IL 60604-1101	B. Received by (Printed Name) <input type="checkbox"/> Agent C. Date of Delivery <input type="checkbox"/> Addressee
2. Article Number (Transfer from service label) 7005 1160 0002 2068 0282	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. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes Domestic Return Receipt 102595-02-M-1540