

ORIGINAL

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CLERK'S OFFICE

FEB 13 2007

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. 		<p>A. Signature <input checked="" type="checkbox"/> <i>David W. Powers</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: 1/26/07 B.M. PCB 2006-171 Erika K. Powers Barnes & Thornburg 1 N. Wacker Drive Suite 4400 Chicago, IL 60606</p>		<p>B. Received by (Printed Name) <i>D. WILDER</i></p>	<p>C. Date of Delivery 2-7-07</p>
<p>2. Article Number (Transfer from service label) 70011140 0002 7469 0725</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>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.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>			

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<p>1. Article Addressed to: 1/26/07 B.M. PCB 2006-171 David T. Ballard Barnes & Thornburg 1 N. Wacker Drive Suite 4400 Chicago, IL 60606</p>		<p>B. Received by (Printed Name) <i>D. WILDER</i></p>	<p>C. Date of Delivery 2-7-07</p>
<p>2. Article Number (Transfer from service label) 7001 1140 0002 7469 0732</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>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.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
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	B. Received by (Printed Name) <i>Judy Rohwedder</i>	C. Date of Delivery 2/7/07
1. Article Addressed to: 1/26/07 B.M. PCB 2006-171 Maxine I. Lipeles Washington University School of Law One Brookings Drive Campus Box 1120 St. Louis, MO 63130-4899	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
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		
2. Article Number (Transfer from service label) 7001 1140 0002 7469 0756		
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540

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	B. Received by (Printed Name) D. WINDER	C. Date of Delivery 2-7-07
1. Article Addressed to: 1/26/07 B.M. PCB 2006-171 Carolyn S. Hesse Barnes & Thornburg 1N. Wacker Drive Suite 4400 Chicago, IL 60606	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
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		
2. Article Number (Transfer from service label) 7001 1140 0002 7469 0718		
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540