

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. 	A. Signature <i>* Ken Brown</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: 1/26/07 B.M. PCB 2006-175 Charles J. Northrup, Sorling, Northrup, Hanna, Cullen & Cochran, Ltd. Suite 800 Illinois Building 607 East Adams S P.O. Box 5131 Springfield, IL 62705	B. Received by (Printed Name) <i>Ken Brown</i>	C. Date of Delivery <i>2-7-07</i>
2. Article Number (Transfer from service label) 7001 1140 0002 7469 0770	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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1. Article Addressed to: 1/26/07 B.M. PCB 2006-175 Lee Allen 607 East Adams Street Suite 800 Springfield, IL 62701	B. Received by (Printed Name) <i>J. Bleakley</i>	C. Date of Delivery <i>2-6-07</i>
2. Article Number (Transfer from service label) 7001 1140 0002 7469 0787	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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