

RECEIVED
CLERK'S OFFICE

DEC 14 2007

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: 12/6/07 B.M.
AC 2008-007
Charles D. Mockbee IV
Vermilion County State's
Attorney Office
Court House
7 North Vermilion Street
Danville, IL 61832

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Sherry Erwin Agent Addressee
B. Received by (Printed Name)
Sherry Erwin 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

2. Article Number
(Transfer from service label) 7006 0810 0004 2225 6575

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

ORIGINAL

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: 12/6/07 B.M.
AC 2008-007
Frank R. Young
Vermilion County State's
Attorney Office
Court House
7 North Vermilion Street
Danville, IL 61832

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Sherry Erwin Agent Addressee
B. Received by (Printed Name)
Sherry Erwin 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

2. Article Number
(Transfer from service label) 7006 0810 0004 2225 6568

PS Form 3811, February 2004

Domestic Return Receipt

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: 12/6/07 B.M.
AC 2008-007
Connie Yount
546 Highland Park Road
Danville, IL 61834

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Candy Yount Agent Addressee
B. Received by (Printed Name)
C. Date of Delivery
12-12-07
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

2. Article Number
(Transfer from service label) 7006 0810 0004 2225 6551

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540