

RECEIVED
CLERK'S OFFICE

FEB 04 2008

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: 1/24/08 B.M.
PCB 2007-113
Bruce McKinney
City of Rochelle
420 N. 6th Street
P.O. box 601
Rochelle, IL 61068

2. Article Number
(Transfer from service label) 7007 3020 0000 4630 5074

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Wayne Pelletier Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
Wayne Pelletier 1-31-08

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

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: 1/24/08 B.M.
PCB 2007-113
Alan Cooper, Rochelle City
Attorney
233 E. Route 38, Suite 202
P.O. Box 194
Rochelle, IL 61068

2. Article Number
(Transfer from service label) 7007 3020 0000 4630 5081

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Ellen M. Miller Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
ELLEN M. MILLER 1-31-08

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

SENDER: COMPLETE THIS SECTION

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: 1/24/08 B.M.
PCB 2007-113
Charles F. Helsten
Hinshaw & Culbertson
100 Park Avenue
P.O. Box 1389
Rockford, IL 61105-1389

2. Article Number
(Transfer from service label) 7006 0810 0004 2225 2508

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X C. Belochian Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
JAN 31 2008

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