## ORIGINAL

CLERK'S OFFICE

MAR 0 3 2008

STATE OF ILLINOIS
Pollution Control Board

1	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete	A. Signature
item 4 if Restricted Delivery is desired.	Agent
Print your name and address on the reverse so that we can return the card to you.	☐ Addressee
Attach this card to the back of the mailpiece, or on the front if space permits.	B. Recoved by (Printed Name) C. Date of Delivery
Article Addressed to: 2/21/08 B.M.	D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
PCB 2007-084	. (SX:25)
John T. Papa	18.70.2
Callis, Papa, Hale Szewczyk & 🏥	
Danzinger, PC	
1326 Niedringhaus Avenue	3. Service Type
Granite City, IL 62040	Pertified Mail ☐ Express Mail ☐ Return Receipt for Merchandise
oranice orey, in 02040	☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number	1 1111 1 1 1 11111 1 1
(Transfer from service label) 7007 3020 0000	4630 5241
Form 3811, February 2004 Domestic Retu	urn Receipt 102595-02-M-1540
	MA
<ul> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to: 2/21/08 B.M.</li> </ul>	B. Received by (Printed Name)  C. Date of Deliver  Saman Ha Sallard  D. Is delivery address different from item 1? Yes  If YES, enter delivery address below:
1	If YES, enter delivery address below:
PCB 2007-084	
Penni S. Livingston	
Livingston Law Firm	
5701 Perrin Road	3. Service Type
Fairview Heights, IL 62208	☐ Registered ☐ Return Receipt for Merchandis☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number	
(Transfer from service label) 7007 3030 000	0 4630 5227
PS Form 3811, February 2004 Domestic R	Return Receipt 102595-02-M-15
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete	A. Signature
item 4 if Restricted Delivery is desired.	X Roberton DAdder
Print your name and address on the reverse so that we can return the card to you.	Addre
<ul> <li>Attach this card to the back of the mailpiece,</li> </ul>	B. Received by ( Printed Name) C. Date of De
or on the front if space permits.	D. Is delivery address different from item 1?  Yes
1. Article Addressed to: 2/21/08 B.M.	If YES, enter delivery address below:
PCB 2007-084	MEELLE
Bruce A. Morrison	12/
Great Rivers Environmental	(\$\bar{\bar{\bar{\bar{\bar{\bar{\bar{
Law Center	2 2
705 Olive Street	3. Service Type
Suite 614	ertified Mail
St Louis MO 63101-2208	☐ Insured Mail ☐ C.O.D.

2. Article Number (Transfer from service label) ☐ Yes

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4. Restricted Delivery? (Extra Fee)

7007 3030 0000 4630 5234

DS Form 3811 February 2004

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