ORIGINAL

## RECEIVED CLERK'S OFFICE

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STATE OF ILLINOIS Pollution Control Board

## 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 ☐ Address so that we can return the card to you. B. Received by (Printed Name Attach this card to the back of the mailpiece, or on the front if space permits. D. Is delivery address different from item 1? 1. Article Addressed to: 5/15/08 B.M. If YES, enter delivery address below: □ No PCB 2006-173 Thomas G. Gardiner Gardiner, Koch & Weisberg 53 W. Jackson Blvd. Service Type Suite 959 Certified Mail ☐ Express Mail Chicago, IL 60604-3849 ☐ Registered ☐ Return Receipt for Merchandi ☐ Insured Mail □ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number (Transfer from service label) 7007 3020 0000 4630 6279 PS Form 3811; February 2004 Domestic Return Receipt 102595-02-M-15

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| SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete   | COMPLETE THIS SECTION ON DELIVERY  A. Signature  |
| <ul> <li>item 4 if Restricted Delivery is desired.</li> <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> </ul>   | X I - Alvany   Addressee  B. Received by (Printed Name)   G. Date of Delivery   F. Alauz   Mana  |
| 1. Article Addressed to: 5/15/08 B.M. PCB. 2006–173  | D. Is delivery address different from item 1?  |
| Cary M. Pumphrey   |  |
| Gardiner, Koch & Weisberg 53 W. Jackson Blvd.  |  |
| Suite 959  | 3. Service Type  ☐ Certified Mail ☐ Express Mail   |
| Chicago, IL 60604-3849   | ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.  |
|  | 4. Restricted Delivery? (Extra Fee) ☐ Yes  |
| 2: Article Number (Transfer from service label) 7007 3020 0000 4630 6293   |  |
| PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540   |  |
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| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |
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| <ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <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: 5/15/08 B.M.</li> <li>PCB 2006-173</li> <li>Matthew A. Sidor</li> <li>Gardiner, Koch &amp; Weisberg</li> <li>53 W. Jackson Blvd.</li> <li>Suite 959</li> <li>Chicago, IL 60604-3849</li> </ul> | A. Signature  X   |
|  | 3. Service Type  ☐ Certified Mall ☐ Express Mall ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.  4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ Yes |
| 2. Article Number 7007 3020 0000 4630 6286   |   |
| Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540  |   |