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JUN 13 2008

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 <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>X K Ock</i>	
	B. Received by (Printed Name) <i>Kenn Ock</i>	C. Date of Delivery
1. Article Addressed to: 6/5/08 jt Stephen J. Bonebrake Schiff Hardin, LLP 6600 Sears Tower 233 South Wacker Drive Chicago, IL 60606-6473		
2. Article Number (Transfer from service label) 7007 3020 0000 4630 6408		
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.		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

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	B. Received by (Printed Name) <i>Kenn Ock</i>	C. Date of Delivery <i>6/6/08</i>
1. Article Addressed to: 6/5/08 jt AS 2007-004 Kathleen C. Bassi Schiff Hardin, LLP 6600 Sears Tower 233 South Wacker Drive Chicago, IL 60606-6473		
2. Article Number (Transfer from service label) 7007 3020 0000 4630 6415		
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.		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

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	B. Received by (Printed Name) <i>Kenn Ock</i>	C. Date of Delivery <i>6/6/08</i>
1. Article Addressed to: 6/5/08 jt AS 2007-004 Sheldon A. Zabel Schiff Hardin, LLP 6600 Sears Tower 233 South Wacker Drive Chicago, IL 60606-6473		
2. Article Number (Transfer from service label) 7007 3020 0000 4630 6392		
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.		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		