ORIGINE.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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 mailplece, or on the front if space permits. 	A. Signature X///anyhou Blake Agent B. Received by (Printed Name) C. Date of Delivery 6-17-08 D. Is delivery address different from item 1? Yes
1. Article Addressed to: 6/5/08 jt AC 2008-022 Steven Blake 220 S. Mississippi Street	If YES, enter delivery address below: No
Apt. 4 Pittsfield, IL 62363	3. Service Type Certified Mall Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number 7007, 3020 0000 463 (Transfer from service label)	
	aturn Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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 mailplece, or on the front if space permits. 	A. Signature (X Agent Address R Received by (Printed Name) C, Date of Define D. Is delivery address different from item 1/1 Yes If YES, enter delivery address below: No
1. Article Addressed to: 6/5/08 jt AC 2008-022 Brian J. Meginnes	
Elias, Meginnes, Riffle & Seghet 416 Main Street	
Suite 1400 Peoria, IL 61602-1153	3. Service Type Certified Mail Registered Registered Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7007 3020 0000 46	530 6439
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1

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