

| 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 type="checkbox"/> Addressee <i>S. Chodura</i> | |
| | B. Received by (Printed Name) <i>S. Chodura</i> | C. Date of Delivery <i>7-14</i> |
| 1. Article Addressed to: <i>7/10/08 B.M.</i> PCB 2008-093 Patrick Mazza Marion Ridge Landfille, Inc. 290 South Main Place Carol Stream, IL 60188 | D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No | |
| | 3. Service Type <input checked="" 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. | |
| | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes | |
| 2. Article Number (Transfer from service label) <i>7007 3020 0000 4630 6750</i> | | |
| PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540 | | |

ORIGINAL

RECEIVED
CLERK'S OFFICE
JUL 17 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 type="checkbox"/> Addressee <i>S. Hedinger</i> | |
| | B. Received by (Printed Name) <i>S. Hedinger</i> | C. Date of Delivery <i>7/15/08</i> |
| 1. Article Addressed to: <i>7/10/08 B.M.</i> PCB 2008-93 Stephen F. Hedinger Hedinger Law Office 2601 South Fifth Street Springfield, IL 62703 | D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No | |
| | 3. Service Type <input checked="" 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. | |
| | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes | |
| 2. Article Number (Transfer from service label) <i>7007 3020 0000 4630 6712</i> | | |
| PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540 | | |

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|--|---|---------------------------------------|
| <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 type="checkbox"/> Addressee <i>Michelle Debbius</i> | |
| | B. Received by (Printed Name) <i>Michelle Debbius</i> | C. Date of Delivery <i>7/15/08</i> |
| 1. Article Addressed to: <i>7/10/08 B.M.</i> PCB 2008-093 Michael John Ruffley Williamson County Courthouse 200 West Jefferson Marion, IL 62959 | D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No | |
| | 3. Service Type <input checked="" 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. | |
| | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes | |
| 2. Article Number (Transfer from service label) <i>7007 3020 0000 4630 6705</i> | | |
| PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540 | | |