SENDER: COMPLET	SENDER: COMPLETE THIS SECTION  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,		COMPLETE THIS SECTION ON DELIVERY		
item 4 if Restricted Print your name and so that we can retu			A. Signature  X  B, Received by (Pri	7	Addressed
or on the front if sp	ace permits.  9/4/08 B.		D. Is delivery address	s different from iter	17/2/08 11/2 / ks
PCB 2008-093	9/4/00 В.	·M·/	If YES, enter deliv	very address belo	w: 🗆 No
Stephen F. Hedi	incore.		101		1
Hedinger Law Of	_	erija je	Till a	4/4/1	I ame
2601 South Fift			O agree	THO	wife
Springfield, II	<del>-</del>		3. Service Type Certified Mail Registered Insured Mail 4. Restricted Deliver	□ C.O.D.	eipt for Merchandise
Article Number     (Transfer from service let	abel) 7007	3020 0000	4630 7238	y (Extra Fee)	☐ Yes
PS Form 3811, February		Domestic Retu			102595-02-M-1540
SENDER: COMPLETE THIS SECTION	V	COMPLETE THIS	SECTION ON DELIV	ERY	
■ Complete items 1, 2, and 3. Also cor	iipioto [[	A. Signature		□ A===+	-
item 4 if Restricted Delivery is desired  Print your name and address on the	d. reverse	x 1 Uha	ncu-	☐ Agent ☐ Addresse	e (
so that we can return the card to you	l.    E	Received by (F	Printed Name)	Date of Deliver	7
Attach this card to the back of the m or on the front if space permits.	* <b>K</b>	<u>My</u>	uncert	9/1/09	_
1. Article Addressed to: 9/4/08 B.M	. /  '		ess different from item elivery address below:		
PCB 2008-093		120, 0			}
Michael John Ruffley	$V = \parallel$				}
Williamson County Court	house			, f-	
200 West Jefferson	받	3. Service Type			=
Marion, IL 62959		Certified Ma  Registered  Insured Mail	☐ Return Receip	ot for Merchandise	•
	7	1. Restricted Deliv	very? (Extra Fee)	☐ Yes	-
2. Article Number (Transfer from service label) 7007	3020 0000	4630 7269	e de la companya de l		
PS Form 3811, February 2004	Domestic Return	Receipt		102595-02-M-154	0
	* 192				ugumm, P
SENDER: COMPLETE THIS SECTION	COMPLETE THIS	SECTION ON D	ELIVERY		
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature	la Dex	☐ Agent ☐ Addresse		
■ Print your name and address on the reverse so that we can return the card to you.	B. Beceived by (	Printed Name)	C. Date of Deliver	<del></del> ,	
Attach this card to the back of the mailpiece,	SAP	SERA	9-11-08	<b>,</b>	
or on the front if space permits.	D. Is delivery add	ress different from	item 1? Yes		
1. Article Addressed to: 9/4/08 B.M.	If YES, enter d	lelivery address be	elow: 🗆 No	ļ	
PCB 2008-093√				- Control of the Cont	
Patrick Mazza Marion Ridge Landfill, Inc.				ļ	
290 South Main Place				<b>=</b>	
Carol Stream, IL 60188	3. Service Type  Certified Mail			se (	
	☐ Insured Ma	livery? (Extra Fee)	□ Yes	7	
2. Article Number				_	
(Transfer from service label) 7007 3020 0000		4	1 12	-40	
PS Form 3811, February 2004 Domestic Ret	urn Receipt		102595-02-M-/1	04U I.	

	SENDER: COMPLETE	THIS SECTION	COMPLETE THIS SECTION ON DEL	LIVERY
	■ Complete items 1, 2, a item 4 if Restricted De Print your name and a	livery is desired. ddress on the reverse	A. Signatulie XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	☐ Agent ☐ Address
	so that we can return  Attach this card to the or on the front if space	back of the mailpiece.	B. Received by (Printed Name)	C. Date of Delive
	1. Article Addressed to:	9/4/08 B.M.	D. Is delivery address different from ite If YES, enter delivery address belo	
	PCB 2008-093	$\checkmark$	iii 125, ontoi doilyoly addices belo	w. = 110
	c/o Stephan Cho			
	Marion Ridge La			
	290 South Main Carol Stream, I		3. Service Type	
	oaror beream, 1	.L 00100	☐ Registered ☐ Return Recu ☐ Insured Mail ☐ C.O.D.	ail eipt for Merchandi:
			4. Restricted Delivery? (Extra Fee)	☐ Yes
	2. Article Number (Transfer from service labe		0 4630 7245	* Charles
	PS Form 3811, February	2004 Domestic Re	tum Receipt	102595-02-M-15
Marie Commence of the Commence	PLETE THIS SECTION	COMPLETE THIS SECTION	ON ON DELIVERY	
■ Complete items item 4 if Restrict	s 1, 2, and 3. Also complete oted Delivery is desired.	A. Signature		
	and address on the reverse	X Liked	era GAgent GAddressee	
Attach this card	return the card to you. If to the back of the mailpiece, If space permits.	B. Received by (Printed N	lame) C. Date of Delivery	
	to: 9/4/08 B.M.	D. Is delivery address differ If YES, enter delivery ad		
PCB 2008-09	_		Idioss below.	
c/o Stephar				
	elopment Corporation			-
•	fain Place #101 m, IL 60188	3. Service Type		
Galor Stream	.m, 1L 60188	Certified Mail	Express Mail Return Receipt for Merchandise  D.O.D.	•
i i		4. Restricted Delivery? (Exi		
Article Number     (Transfer from serv	ice label) 7007 3020 00	00 4630 7252		
PS Form 3811, Fe		eturn Receipt	102595-02-M-1540	
SENDER: COMPLETE THIS SEC	COMPLETE	THIS SECTION ON DELIVERY		
Complete items 1, 2, and 3. Als item 4 if Restricted Delivery is d	o complete A. Signature	20		
Print your name and address or	the reverse		□ Agent □ Addressee	
so that we can return the card to Attach this card to the back of the			te of Delivery	
or on the front if space permits.			1/-08	
1. Article Addressed to: 9/4/08			☐ Yes ☐ No	
PCB 2008-093				
Patrick Mazza				
Kibler Development Co 290 South Main Place	-			•
Carol Stream, IL 6018	3. Service Typ			
	DO T#Certified ☐ Registe ☐ Insured	red Return Receipt for	Merchandise	
	4. Restricted	Delivery? (Extra Fee)	☐ Yes	
2. Article Number (Transfer from service label) 700	07 3020 0000 4630 72	21		

PS Form 3811 February 2004