

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"/> <i>Janice Carlson</i>	
	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: 10/16/08 B.M. PCB 20070025 David Edgar Issacson, R.A. Issacson Construction, Inc. Ft. Jesse Road & Blair Road P.O. Box 288 Normal, IL 61761-0288	B. Received by (Printed Name) <i>JANICE CARLSON</i>	C. Date of Delivery <i>10/23/08</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
2. Article Number (Transfer from service label) 7008 0500 0000 4545 5106	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	
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"/> <i>Cindy Kolley</i>	
	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: 10/16/08 PCB 2007-025 Frederick C. Prillaman Mohan, Alewelt, Prillaman & Adami First of America Center 1 North Old State Capitol Plaza Suite 325 Springfield, IL 62701-1323	B. Received by (Printed Name) <i>CINDY KOLLEY</i>	C. Date of Delivery <i>10-23-08</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label) 7008 0500 0000 4545 6356	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	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

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 OCT 27 2008
STATE OF ILLINOIS
Pollution Control Board