| SENDER: COMPLETE | E THIS SECTION | COMPLETE THIS SECTION OF | N DELIVERY |
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| so that we can return | Delivery is desired. address on the reverse in the card to you. the back of the mailplece, | A. Signature X Wary tan B. Received by (Printed Name) Mary Tay (OY) | 10-27-10 |
| 1. Article Addressed to: R2006-020 Deirdre K. Hir IL Environment | rner cal Regulatory | D. Is delivery address different fr If YES, enter delivery addres | |
| Group 215 E. Adams S Springfield, 1 | | 3. Service Type Certified Mail Expre Registered Retur Insured Mail C.O.I. Restricted Delivery? (Extra Fo | m Receipt for Merchandise D. |
| Article Number (Transfer from service la | 7009 09 | 160 0000 5942 38 | |
| PS Form 3811, Februa | | um Recelpt | 102595-02-M-1540 |
| SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also contend 4 if Restricted Delivery is desired. Print your name and address on the so that we can return the card to you attach this card to the back of the or on the front if space permits. | omplete red. e reverse ou. B. Received by the control of the con | by (Printed Name) C. Date | Agent Addressee of Delivery |
| 1. Article Addressed to: R 2006. 020 Brenda Carten 1. Lenvironmental & 215 E. Felans Str. Epringfield IL Co. | If YES, ente | Mail Express Mail Return Receipt for Me | No |
| 2. Article Number | | Delivery? (Extra Fee) | Yes |
| (Transfer from service label) | 7009 0960 0000 | 5942 3839 | |
| 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, or on the front if space permits. Article Addressed to: R2006-020 Erin Conley Dept. of Commerce & Econimic Opportunity 620 E. Adams, Fifth Floor Springfield, IL 62701 | COMPLETE THIS SECTION OF A. Signature B. Received by (Printed Name) D. Is delivery address different if If YES, enter delivery address 3. Service Type Certified Mail | Agent Addressee C. Date of Delivery Amount item 1? Yes as below: No | 5-02-M-1540 |
| 2. Article Number (Transfer from service label) 7009 096 | 0 0000 5942 379 | 2111 | |
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Domestic Return Receipt

102595-02-M-1540

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
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| 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. 1. Article Addressed to: R2006-020 Mitchell Cohen IL Dept. of Natural Resources One Natural Resource Way Springfield, IL 62702-1271 | A Signature X |
| | 3. Service Type Certified Mail Registered Return Receipt for Merchandise C.O.D. |
| 2. Article (Trans | 4. Restricted Delivery? (Extra Fee) Yes |
| PS Form | urn Heceipt 102595-02-M-1540 |

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY | |
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| 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. 1. Article Addressed to: R2006-020 IEPA — Stephanic Howers 1021 N. Grand Avenue, East Springfield, IL 62794-9276 | A. Signature X. Illinois Environmental Protection Agent 1021 North Grand Avenue East B. Réceived Bost Aliss Remel 9276 C. Date of Delivery Springfield. Illinois 62794-9276 D. Is delivery address different/from Item 1? Yes If YES, enter delivery address below: No | |
| | 3. Service Type Certified Maii Registered Return Receipt for Merchandise Insured Maii C.O.D. 4. Restricted Delivery? (Extra Fee) Yes | |
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| ■ 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. 1. Article Addressed to: 2006 000 Kelly Posteryan Tek AB Shore: Jako Rd. 5445 Hause shore Jako Rd. (02334 | A. Signature X B. Received by (Printed Name) D. Is delivery address different from item if YES, enter delivery address below 3. Service Type Certified Mail | v: 🗆 No |
| 2. Article Number (Transfer from service label) 7009 096 | 0000 5942 384L | |
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| ■ 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. 1. Article Addressed to: R2006-020 Claire A. Manning Brown, Hay & Stephens LLP 700 First Mercantile Bank Bldg 205 S. Fifth St. PO Box 2459 Springfield, IL 62705-2459 | A. Signature X Molunda Charles Agent Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from Item 1? Yes If YES, enter delivery address below: | |
| | 3. Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) | |
| 2. Article Number 7009 0960 (Transfer from service labe | 0000 5942 3778 102595-02-M-1540 | |