

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |                                    |
|--|---|------------------------------------|
| <ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> | A. Signature<br><input checked="" type="checkbox"/> <i>M. Ciechowski</i> <input type="checkbox"/> Agent<br><input type="checkbox"/> Addressee   |                                    |
|  | B. Received by (Printed Name)<br><i>M. CIECHOWSKI</i>   | C. Date of Delivery<br><i>2-21</i> |
| 1. Article Addressed to: <i>2/19/15 B.M.</i><br>PCB 2015-065 <i>169</i><br>John P. Siemsen, R.A.<br>Caseyville Transfer Station,<br>L.L.C.<br>290 South Main Place<br>Suite 101<br>Carol Stream, IL 60188  | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No   |                                    |
|  | 3. Service Type<br><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™<br><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery |                                    |
|  | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes  |                                    |
| 2. Article Number<br>(Transfer from service label) <b>7014 0510 0001 5481 7497</b>   |   |                                    |
| PS Form 3811, July 2013 Domestic Return Receipt  |   |                                    |

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|  | B. Received by (Printed Name)   | C. Date of Delivery<br><i>2/23/15</i> |
| 1. Article Addressed to: <i>2/19/15 B.M.</i><br>PCB 2015-065 <i>169</i><br>Jennifer J. Sackett Pohlenz<br>Clark Hill, PLC<br>150 N. Michigan Avenue<br>Suite 2700<br>Chicago, IL 60601   | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No   |                                       |
|  | 3. Service Type<br><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™<br><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery |                                       |
|  | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes  |                                       |
| 2. Article Number<br>(Transfer from service label) <b>7014 0510 0001 5481 7480</b>   |   |                                       |
| PS Form 3811, July 2013 Domestic Return Receipt  |   |                                       |