

ORIGINAL

RECEIVED
CLERK'S OFFICE

JAN 23 2006

STATE OF ILLINOIS
Pollution Control Board

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.

1. Article Addressed to: 1/5/06 B.M.
PCB 2005-099
Brian D. Lewis
411 1/2 N. Court Street
Marion, IL 62959

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Wendy J. [Signature]* Agent Address

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
(Transfer from service label) 7005 1160 0002 2443 1361

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1

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.

1. Article Addressed to: 1/5/06 B.M.
PCB 2005-099
Stephen R. Green
Armstrong & Green
400 N. Market Street
P.O. Box 1087
Marion, IL 62959

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Jeresa [Signature]* Agent Address

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
(Transfer from service label) 7005 1160 0002 2443 1347

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1

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.

1. Article Addressed to: 1/5/06 B.M.
PCB 2005-099
Randy Patchett
Patchett Law Office
104 West Calvert
P.O. Box 1176
Marion, IL 62959

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *[Signature]* Agent Address

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
(Transfer from service label) 7005 1160 0002 2443 1354

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1