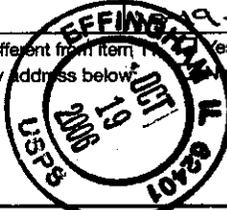


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CLERK'S OFFICE

OCT 24 2006

STATE OF ILLINOIS  
Pollution Control Board

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>	<p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to: 10/5/06 B.M. AC 2007-006 Landfill 33 Ltd 1713 South Willow Street P.O. Box 703 Effingham, IL 62401</p>	<p>B. Received by (Printed Name) C. Date of Delivery 10-06</p> <p>D. Is delivery address different from item label? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below:</p> 
<p>2. Article Number (Transfer from service label)</p>	<p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7005 1160 0002 2068 0435</p>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540