| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY                                  |
|--|--|
| Complete items 1, 2, and 3. Also complete<br>item 4 if Restricted Delivery is desired.                                   | Signature  |
| Print your name and address on the reverse   | Addressee  |
| 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. | B. Received by ( Printed Name) C. Date of Delivery                 |
| 4/10/07 P Mc -GN   | delivery address different from item 1?                            |
| AC 2005-040  | C, enter delivery address below.                                   |
| Peter DeBruyne   | 109 \2\  |
| Peter DeBruyne, P.C.   |  |
| 838 North Main Street  | M /S/  |
| Rockford, IL 61103   | e. Service Type  |
| ROCKFORD, IL 01103   | Certified Mall   |
|  | ☐ Insured Mail ☐ C.O.D.  |
|  | 4. Restricted Delivery? (Extra Fee) ☐ Yes                          |
| Article Number     (Transfer from service label) 7001 1140 000   | 2 7469 0411  |
| PS Form 3811, February 2004 Domestic Re  | eturn Receipt 102595-02-M-1540                                     |
|  |  |
| ENDER: COMPLETE THIS SECTION   | COMPLETE THIS SECTION ON DELIVERY                                  |
| Complete items 1, 2, and 3. Also complete  | A. Signature   |
| item 4 if Restricted Delivery is desired.  Print your name and address on the reverse                                    | X Agent D Addressee  |
| so that we can return the card to you.   | B. Received by ( Printed Name) C. Date of Delly                    |
| Attach this card to the back of the mailpiece,<br>or on the front if space permits.                                      | LEWB 13 KARAN APR 27   |
| . Article Addressed to: 4/19/07 B.M.   | D. Is delivery address different from item 1?  Yes                 |
| .C 2005-040  | If YES, enter delivery address below: LJ No                        |
| ewis B. Kaplan   |  |
| 38 North Main Street   |  |
| .0. Box 1254   |  |
| ockford, IL 61105-1254   | 3. Service Type  |
| ,  | Certified Mail   |
|  | ☐ Insured Mail ☐ C.O.D.  |
| Article Number   | 4. Restricted Delivery? (Extra Fee)                                |
| (Transfer from service label) 7001 1140 000  | 2 7469 0428  |
| S Form 3811, February 2004 Domestic Ret  | urn Receipt 102595-02-M-1540                                       |
|  |  |
| ENDER: COMPLETE THIS SECTION   | COMPLETE THIS SECTION ON DELIVERY                                  |
| Complete items 1, 2, and 3. Also complete  | A. Signature   |
| Item 4 if Restricted Delivery is desired.  | X Agent  |
| Print your name and address on the reverse so that we can return the card to you.  | Li Addressee   |
| Attach this card to the back of the mailpiece,   | B. Received by (Pfinted Name) C. Days of Delivery 5/27/67          |
| or on the front if space permits.  Article Addressed to: 4/19/07 B.M.  | D. Is delivery address different from item 1/2 //es                |
| C 2005-040   | If YES, enter delivery address below.   1 No                       |
| ayne Klinger   |  |
| - • • •  |  |
| orthern Illinois Service Co.   |  |
| 781 Sandy Hollow Road  | 3. Service Type  |
| ickford, IL 61109  | Certified Mail   |
|  | ☐ Registered ☐ Return Receipt for Merchandise                      |
|  | ☐ Insured Mail ☐ C.O.D.  4. Restricted Delivery? (Extra Fee) ☐ Yes |
| Article Number   | L IES  |
| (Transfer from service label) 7001 1140 0003   | 2 7469 0404  |
| Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540  |  |

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