

**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: 5/3/07 B.M.  
 AC 2007-047  
 Clyde A. Gilderloos  
 Rochelle Waste Disposal, L.L.C.  
 1161 Hwy 251 South  
 Rochelle, IL 71068

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *C. Gilderloos*  Agent  Addressee

B. Received by (Printed Name) *C. Gilderloos* C. Date of Delivery *5-11-07*

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

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) 7006 0100 0000 7374 7897

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

ORIGINAL

RECEIVED  
 CLERK'S OFFICE

MAY 15 2007

STATE OF ILLINOIS  
 Pollution Control Board

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1. Article Addressed to: 5/3/07 B.M.  
 AC 2007-047  
 Attn: Ken Alberts  
 City of Rochelle  
 420 N. 6th Street, P.O. Box 601  
 Rochelle, IL 61068

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Bruce W. M. Kennedy*  Agent  Addressee

B. Received by (Printed Name) *Bruce W. M. Kennedy* C. Date of Delivery *5-11-07*

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

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) 7006 0100 0000 7374 7903

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540