## COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature Complete items 1, 2, and 3. Also complete □ Agent item 4 if Restricted Delivery is desired. x y//ch/ ☐ Addressee Print your name and address on the reverse so that we can return the card to you. B. Received by (Printed Name) Date of Delivery Attach this card to the back of the mailpiece, #8 RECEIVED or on the front if space permits. CLERK'S OFFICE ☐ Yes D. Is delivery address different from item 1? 1/24/08 B.M. 1. Article Addressed to: If YES, enter delivery address below: FEB 1 1 2008 PCB 2004-186 David Flynn STATE OF ILLINOIS Querrey & Harrow, Ltd. Pollution Control Board 175 W. Jackson, Suite 1600 3. Service Type Chicago, IL 60604 Certified Mail ☐ Express Mail ☐ Return Receipt for Merchandise ☐ Registered Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 7006 0810 0004 2225 2386 (Transfer from service label) 102595-02-M-1540 Domestic Return Receipt PS Form 3811, February 2004 aniciNA **SENDER: COMPLETE THIS SECTION** COMPLETE THIS SECTION ON DELIVERY 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. Received by (Printe Attach this card to the back of the mailpiece, or on the front if space permits. D. Is delivery address different from item 1? 1. Article Addressed to: 1/24/08 B.M. If YES, enter delivery address below: PCB 2004-186 Christopher Bohlen Barmann, Kramer and Bohlen, P.C 300 East Court Street, Ste. 502 Service Type P.O. Box 1787 Certified Mall ☐ Express Mail Kankakee, IL 60901 ☐ Registered ☐ Return Receipt for Merchandis Insured Mail □ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 7006 0810 0004 2225 2454 (Transfer from service label) PS Form 3811, February 2004 102595-02-N **Domestic Return Receipt** SENDER: 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. ☐ Agent Print your name and address on the reverse □ Addressee so that we can return the card to you. B. Received by ( Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, eor on the front if space permits. D. Is delivery address different from item 1? ☐ Yes 1. Article Addressed to: 1/24/08 B.M. If YES, enter delivery address below: PCB 2004-186 Jennifer J. Sackett Pohlenz Querrey & Harrow, Ltd. 175 W. Jackson, Suite 1600 Service Type Chicago, IL 60604 Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise

(Transfer from service label) 7006 0810 0004 2225 2379 PS Form 3811, February 2004

2. Article Number

Domestic Return Receipt

Insured Mail

4. Restricted Delivery? (Extra Fee)

☐ C.O.D.

102595-02-M-1540

☐ Yes