

RECEIVED
CLERK'S OFFICE

FEB 11 2008

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: 1/24/08 B.M.
PCB 2004-186
David Flynn
Querrey & Harrow, Ltd.
175 W. Jackson, Suite 1600
Chicago, IL 60604

2. Article Number
(Transfer from service label) 7006 0810 0004 2225 2386

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Nichols*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

2-6-08

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

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- 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: 1/24/08 B.M.
PCB 2004-186
Christopher Bohlen
Barmann, Kramer and Bohlen, P.C.
300 East Court Street, Ste. 502
P.O. Box 1787
Kankakee, IL 60901

2. Article Number
(Transfer from service label) 7006 0810 0004 2225 2454

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Nichols*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

2-6-08

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

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1. Article Addressed to: 1/24/08 B.M.
PCB 2004-186
Jennifer J. Sackett Pohlenz
Querrey & Harrow, Ltd.
175 W. Jackson, Suite 1600
Chicago, IL 60604

2. Article Number
(Transfer from service label) 7006 0810 0004 2225 2379

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Nichols*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

2-6-08

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