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STATE OF ILLINOIS
Pollution Control Board

ORIGINAL

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: 05/01/08 B.M.
AC 2007-062
Claire A. Manning
Brown, Hay & Stephens LLP
700 First Mercantile Bank Bldg.
205 South Fifth St.
P.O. Box 2459
Springfield, IL 62705-2459

2. Article Number
(Transfer from service label) 7007 3020 0000 4630 6118

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Rachel Rister Agent
 Addressee

B. Received by (Printed Name) Rachel Rister C. Date of Delivery 5/5/08

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

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: 5/1/08 B.M.
AC 2007-062
Charles Y. Davis
Brown, Hay & Stephens LLP
700 First Mercantile Bank Bldg.
205 South Fifth St.
P.O. Box 2459
Springfield, IL 62705-2459

2. Article Number
(Transfer from service label) 7007 3020 0000 4630 6125

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Rachel Rister Agent
 Addressee

B. Received by (Printed Name) Rachel Rister C. Date of Delivery 5/5/08

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

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: 5/1/08 B.M.
AC 2007-062
John A. & Kay E. Oldham
639 Oskaloosa Road
Xenia, IL 62899

2. Article Number
(Transfer from service label) 7007 3020 0000 4630 6132

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Tasha Perry Agent
 Addressee

B. Received by (Printed Name) Tasha Perry C. Date of Delivery 5.5.08

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

102595-02-M-1540