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JUN 18 2008

STATE OF ILLINOIS
Pollution Control Board

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">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.		A. Signature <input checked="" type="checkbox"/> <i>Ella Henderson</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: 6/5/08 jt PCB 2007-134 Gregory E. Cox Nicolosi & Associates, LLC 363 Financial Court, Suite 100 Rockford, IL 61107-6671		B. Received by (Printed Name) <i>Ella Henderson</i>	C. Date of Delivery <i>16 Jun 08</i>
2. Article Number (Transfer from service label) 7007-3020 0000 4630 6538		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

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1. Article Addressed to: 6/5/08 jt PCB 2007-134 Dale Adams Village of Rockton 110 East Main Street Rockton, IL 61072		B. Received by (Printed Name) <i>Jamond... 6/16/08</i>	C. Date of Delivery <i>6/16/08</i>
2. Article Number (Transfer from service label) 7007 3020 0000 4630 6521		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	