

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"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery 9/12/08
1. Article Addressed to: 9/4/08 B.M. PCB 2008-093 Stephen F. Hedinger Hedinger Law Office 2601 South Fifth Street Springfield, IL 62703	D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No Signature: <i>Stephen F. Hedinger</i> 3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Transfer from service label) 7007 3020 0000 4630 7238	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

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1. Article Addressed to: 9/4/08 B.M. PCB 2008-093 Michael John Ruffley Williamson County Courthouse 200 West Jefferson Marion, IL 62959	D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Transfer from service label) 7007 3020 0000 4630 7269	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

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1. Article Addressed to: 9/4/08 B.M. PCB 2008-093V Patrick Mazza Marion Ridge Landfill, Inc. 290 South Main Place Carol Stream, IL 60188	D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Transfer from service label) 7007 3020 0000 4630 7214	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

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1. Article Addressed to: 9/4/08 B.M.
 PCB 2008-093
 c/o Stephan Chodera
 Marion Ridge Landfill, Inc.
 290 South Main Place
 Carol Stream, IL 60188

2. Article Number
 (Transfer from service label) 7007 3020 0000 4630 7245

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature *S Chodera* Agent Addressee

B. Received by (Printed Name) *S CHODERA* C. Date of Delivery *9-11-08*

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-15

SENDER: COMPLETE THIS SECTION

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: 9/4/08 B.M.
 PCB 2008-093
 c/o Stephan Chodera
 Kibler Development Corporation
 290 South Main Place #101
 Carol Stream, IL 60188

2. Article Number
 (Transfer from service label) 7007 3020 0000 4630 7252

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature *S Chodera* Agent Addressee

B. Received by (Printed Name) *S CHODERA* C. Date of Delivery *9/11/08*

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

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1. Article Addressed to: 9/4/08 B.M.
 PCB 2008-093
 Patrick Mazza
 Kibler Development Corporation
 290 South Main Place #101
 Carol Stream, IL 60188

2. Article Number
 (Transfer from service label) 7007 3020 0000 4630 7221

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature *S Chodera* Agent Addressee

B. Received by (Printed Name) *S CHODERA* C. Date of Delivery *9-11-08*

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

Domestic Return Receipt