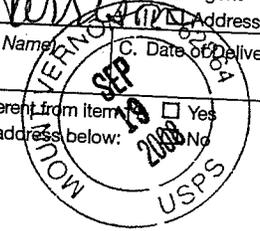
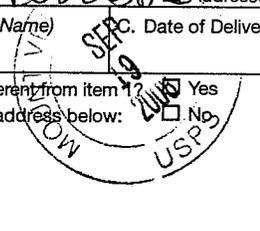


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STATE OF ILLINOIS  
Pollution Control Board

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"><li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>Print your name and address on the reverse so that we can return the card to you.</li><li>Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>	A. Signature X <i>Emily Harrison</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: 9/16/08 B.M. PCB 2009-007 John T. Hundley The Sharp Law Firm, P.C. 1115 Harrison Street P.O. Box 906 Mt. Vernon, IL 62864	B. Received by (Printed Name) _____ C. Date of Delivery _____
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: _____
	
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
7007 3020 0000 4630 7405	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"><li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>Print your name and address on the reverse so that we can return the card to you.</li><li>Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>	A. Signature X <i>Emily Harrison</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: 9/16/08 B.M. PCB 2009-007 Mandy L. Combs The Sharp Law Firm, P.C. 1115 Harrison Street P.O. Box 906 Mt. Vernon, IL 62864	B. Received by (Printed Name) _____ C. Date of Delivery _____
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: _____
	
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
7007 3020 0000 4630 7412	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	