

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:
 Nokomis Quarry Company
 Box 90
 Nokomis, IL. 62075

COMPLETE THIS SECTION

A. Signature *[Signature]* Agent Addressee

B. Received by (Printed Name) _____ C. Date of Delivery *3-9-09*

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

2. Article Number (Transfer from service label) 7008 2810 0002 2863 7167

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

RECEIVED
 CLERK'S OFFICE
 APR 17 2009
 STATE OF ILLINOIS
 Pollution Control Board

4/15/09/15

*File #
 2009-045*

PC0945

*entry of appearance
 Requested Receipt:*

[Signature]