

**RECEIVED**  
CLERK'S OFFICE

MAR 21 2003

65448-POH

STATE OF ILLINOIS  
**BEFORE THE ILLINOIS POLLUTION CONTROL BOARD**  
*Pollution Control Board*

MICHAEL WATSON,

Petitioner,

vs.

COUNTY BOARD OF KANKAKEE COUNTY,  
ILLINOIS, and WASTE MANAGEMENT OF  
ILLINOIS, INC.,

Respondent.

No. PCB 03-134

(Pollution Control Facility Siting Appeal)

Consolidated With PCB 03-125, 03-133,  
03-135)

**PROOF OF SERVICE OF PETITION FOR REVIEW OF DECISION  
CONCERNING SITING OF A NEW POLLUTION CONTROL FACILITY**

Petitioner Michael Watson, by and through his attorneys at Querrey & Harrow, Ltd., respectfully submits this proof of service, pursuant to the requirements of 35 IAC 101.304(b), of his Petition for Review of Decision Concerning Siting of a New Pollution Control Facility filed with the Illinois Pollution Control Board on March 3, 2003. Please find attached copies of proof of service and certified mail receipts showing service of the Petition on the following Parties, as defined in 35 IAC 101.202:

CT Corporation System  
c/o Waste Management of Illinois, Inc.  
208 South LaSalle Street  
Chicago, IL 60604-1135  
Waste Management of Illinois, Inc.

Mr. Bruce Clark  
Kankakee County Clerk  
Kankakee County Administration Bldg.  
180 E. Court Street  
Kankakee, IL 60901  
County of Kankakee


Donald Moran  
Pedersen & Houpt  
161 North Clark Street  
Suite 3100  
Chicago, IL 60601-3242  
**Attorney for Waste Management of  
Illinois, Inc.**

Mr. Karl A. Kruse  
Chairman of the Kankakee County Board  
189 E. Court Street  
Kankakee, IL 60901  
**County of Kankakee**

Dated: March 21, 2003

Respectfully submitted,

MICHAEL WATSON

By:   
One of his attorneys

Jennifer J. Sackett Pohlenz  
Querrey & Harrow, LTD.  
175 W. Jackson Blvd., Suite 1600  
Chicago, Illinois 60604  
Phone: (312) 540-7000  
Fax: (312) 540-0578

Document #: 812511

## **PROOF OF SERVICE**

Alesia Mansfield, a non-attorney, on oath states that she served the foregoing Notice of Filing, Appearance, and Petition for Review of Decision on the following parties in the following manner(s) this 3<sup>rd</sup> day of March, 2003, before the hour of 5:00 p.m.

### **Certified Mail – Return Receipt Requested**

CT Corporation System  
208 South LaSalle Street  
Chicago, IL 60604-1135  
Registered Agent for Waste Management of  
Illinois, Inc.

### **Certified Mail – Return Receipt Requested**

Donald Moran  
Pedersen & Houpt  
161 North Clark Street  
Suite 3100  
Chicago, IL 60601-3242  
Attorney for Waste Management of Illinois

### **Certified Mail – Return Receipt Requested**

Mr. Karl A. Kruse  
Chairman of The Kankakee County Board  
189 E. Court Street  
Kankakee, IL 60901

### **Certified Mail – Return Receipt Requested**

Mr. Bruce Clark  
Kankakee County Clerk  
Kankakee County Administration Bldg.  
180 E. Court Street  
Kankakee, IL 60901

### **Certified Mail – Return Receipt Requested**

Edward D. Smith  
State's Attorney  
County of Kankakee  
450 East Court Street  
Kankakee, IL 60901-3992

### **Certified Mail – Return Receipt Requested**

Kenneth A. Bleyer  
Attorney at Law  
923 West Gordon Terrace, #3  
Chicago, IL 60613-2013

### **Certified Mail – Return Receipt Requested**

George Mueller  
George Mueller, P.C.  
501 State Street  
Ottawa, IL 61350  
Interested Party

### **Certified Mail – Return Receipt Requested**

Patricia O'Dell  
1242 Arrowhead Drive  
Bourbonnais, IL 60914

Interested Party

### **Certified Mail – Return Receipt Requested**

John J. McCarthy  
45 East Side Square  
Suite 301  
Canton, IL 61520

### **Certified Mail – Return Receipt Requested**

Keith Runyon  
1165 Plum Creek Drive  
Bourbonnais, IL 60914

Interested Party

**Certified Mail – Return Receipt Requested**

Leland Milk  
6903 S. Route 45-52  
Chebanse, IL 60922-5153  
**Interested Party**

**Via Regular Mail**

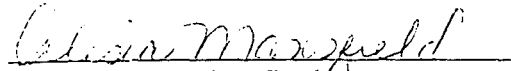
Elizabeth S. Harvey, Esq.  
Swanson, Martin & Bell  
One IBM Plaza, Suite 2900  
330 North Wabash  
Chicago, IL 60611  
**Representing Kankakee County Board**

**Certified Mail – Return Receipt Requested**

L. Patrick Power  
956 North Fifth Avenue  
Kankakee, IL 60901  
**Interested Party**

**Via Regular Mail**

Charles F. Helsten  
Hinshaw & Culbertson  
100 Park Avenue  
P.O. Box 1389  
Rockford, Illinois 61105-1389

  
Alesia Mansfield

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

7002 0510 0004 2478 5346

Postage	\$	Postmark Here  3/3/03
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent **Mr. Karl A. Kruse**  
 Chairman of The Kankakee County Board  
 Street or PO Box No. **189 E. Court Street**  
 City, State, Zip+4 **Kankakee, IL 60901**

PS Form 3800, January 2001

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>		<p>A. Signature  <input checked="" type="checkbox"/> <i>John Wheeler</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p><b>Mr. Karl A. Kruse</b>  <b>Chairman of The Kankakee County Board</b>  <b>189 E. Court Street</b>  <b>Kankakee, IL 60901</b></p>		<p>B. Received by (Printed Name)  <b>JOHN WHEELER</b></p> <p>C. Date of Delivery  <b>3-5-03</b></p>	
<p>2. Article Number          (Transfer from service label) <b>7002 0510 0004 2478 5346</b></p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only. No Insurance Coverage Provided)

Postmark  
Here  
**3/3/03**

Postage	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

To: **Mr. Bruce Clark**  
 Sent by: **Kankakee County Clerk**  
 Street: **Kankakee County Administration Bldg.**  
 or P.O. Box:  
 City, State, ZIP+4: **180 E. Court Street**  
**Kankakee, IL 60901**

PS Form 3811, January 2001 See Reverse for Instructions

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>	<p>A. Signature  X <i>John Wheeler</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><input checked="" type="checkbox"/> Received by (Printed Name) <b>JOHN WHEELER</b> C. Date of Delivery <b>3-5-07</b></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p><b>Mr. Bruce Clark</b>  <b>Kankakee County Clerk</b>  <b>Kankakee County Administration Bldg</b>  <b>180 E. Court Street</b>  <b>Kankakee, IL 60901</b></p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number  (Transfer from service label)</p>	<p><b>7002 0510 0004 2478 5339</b></p>

7002 0510 0004 2478 5353

U.S. Postal Service <b>CERTIFIED MAIL RECEIPT</b> (Domestic Mail Only. No Insurance Coverage Provided)	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Postmark Here 3/3/03	
Donald Moran	
Pedersen & Houpt	
161 North Clark Street	
Suite 3100	
Chicago, IL 60601-3242	
PS Form 3811, January 2001 See Reverse for Instructions	

**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:

Donald Moran  
Pedersen & Houpt  
161 North Clark Street  
Suite 3100  
Chicago, IL 60601-3242

2. Article Number  
(Transfer from service label)

7002 0510 0004 2478 5353

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☒ Agent  
☐ Addressee

B. Received by (Printed Name)

Singer

C. Date of Delivery

03/10/03

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

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only. No Insurance Coverage Provided)	
<div style="float: left; width: 30px; text-align: center;">7002 0510 0004 0583 9969</div> <div style="float: right; width: 100px; text-align: center;">Postmark Here 3/3/03</div>	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent to: <b>CT Corporation System</b> Street: <b>208 South LaSalle Street</b> or P.O. Box, No.: City: <b>Chicago, IL 60604-1135</b>	

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>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>CT Corp</i> C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
1. Article Addressed to:  <div style="text-align: center;"> <b>CT Corporation System</b>  <b>208 South LaSalle Street</b>  <b>Chicago, IL 60604-1135</b> </div>	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
2. Article Number (Transfer from service label, <b>7002 0510 0004 0583 9969</b> )	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes



7002 0510 0004 0583 9976

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only - No Insurance Coverage Provided)*

\_\_\_\_\_

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark  
Here

3/5/03

Sent **CT Corporation System**  
 Street or P.O. Box **c/o Waste Management of Illinois, Inc.**  
 City **208 South LaSalle Street**  
**Chicago, IL 60604-1135**

**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:

**CT Corporation System**  
**c/o Waste Management of Illinois, Inc.**  
**208 South LaSalle Street**  
**Chicago, IL 60604-1135**

2. Article Number  
 (Transfer from service label)

7002 0510 0004 0583 9976

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

B. Received by (Printed Name)

Agent  
☐ Addressee

C. Date of Delivery

MAR 10 2003

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

MAR 21 2003

65448-POH

STATE OF ILLINOIS  
*Pollution Control Board*

**BEFORE THE ILLINOIS POLLUTION CONTROL BOARD**

MICHAEL WATSON,

Petitioner,

vs.

COUNTY BOARD OF KANKAKEE COUNTY,  
ILLINOIS, and WASTE MANAGEMENT OF  
ILLINOIS, INC.,

Respondent.

No. PCB 03-134

(Pollution Control Facility Siting Appeal)

Consolidated With PCB 03-125, 03-133,  
03-135)

**PROOF OF SERVICE OF AMENDED PETITION FOR REVIEW OF DECISION  
CONCERNING SITING OF A NEW POLLUTION CONTROL FACILITY**

Petitioner Michael Watson, by and through his attorneys at Querrey & Harrow, Ltd., respectfully submits this proof of service, pursuant to the requirements of 35 IAC 101.304(b), of his Amended Petition for Review of Decision Concerning Siting of a New Pollution Control Facility filed with the Illinois Pollution Control Board on March 7, 2003. Please find attached copies of proof of service and certified mail receipts showing service of the Petition on the following Parties, as defined in 35 IAC 101.202:

CT Corporation System  
c/o Waste Management of Illinois, Inc.  
208 South LaSalle Street  
Chicago, IL 60604-1135  
Waste Management of Illinois, Inc.

Mr. Bruce Clark  
Kankakee County Clerk  
Kankakee County Administration Bldg.  
180 E. Court Street  
Kankakee, IL 60901  
County of Kankakee

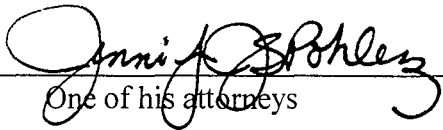
Donald Moran  
Pedersen & Houpt  
161 North Clark Street  
Suite 3100  
Chicago, IL 60601-3242  
Attorney for Waste Management of  
Illinois, Inc.

Mr. Karl A. Kruse  
Chairman of The Kankakee County Board  
189 E. Court Street  
Kankakee, IL 60901  
County of Kankakee

Dated: March 21, 2003

Respectfully submitted,

MICHAEL WATSON

By:   
One of his attorneys

Jennifer J. Sackett Pohlenz  
Querrey & Harrow, LTD.  
175 W. Jackson Blvd., Suite 1600  
Chicago, Illinois 60604  
Phone: (312) 540-7000  
Fax: (312) 540-0578

## PROOF OF SERVICE

Alesia Mansfield, a non-attorney, on oath states that she served the foregoing Notice of Filing, Appearance, and Petition for Review of Decision on the following parties in the following manner(s) this 7<sup>th</sup> day of March, 2003, before the hour of 5:00 p.m.

### Certified Mail – Return Receipt Requested

CT Corporation System  
c/o Waste Management of Illinois, Inc.  
208 South LaSalle Street  
Chicago, IL 60604-1135  
Registered Agent for Waste Management of  
Illinois, Inc.

### Certified Mail – Return Receipt Requested

Donald Moran  
Pedersen & Houpt  
161 North Clark Street  
Suite 3100  
Chicago, IL 60601-3242  
Attorney for Waste Management of Illinois

### Certified Mail – Return Receipt Requested

Mr. Karl A. Kruse  
Chairman of The Kankakee County Board  
189 E. Court Street  
Kankakee, IL 60901

### Certified Mail – Return Receipt Requested

Mr. Bruce Clark  
Kankakee County Clerk  
Kankakee County Administration Bldg.  
180 E. Court Street  
Kankakee, IL 60901

### Certified Mail – Return Receipt Requested

Edward D. Smith  
State's Attorney  
County of Kankakee  
450 East Court Street  
Kankakee, IL 60901-3992

### Certified Mail – Return Receipt Requested

Kenneth A. Bleyer  
Attorney at Law  
923 West Gordon Terrace. #3  
Chicago, IL 60613-2013

### Certified Mail – Return Receipt Requested

George Mueller  
George Mueller, P.C.  
501 State Street  
Ottawa, IL 61350  
Representing Merlin Karlock

### Certified Mail – Return Receipt Requested

Patricia O'Dell  
1242 Arrowhead Drive  
Bourbonnais, IL 60914

Interested Party

### Certified Mail – Return Receipt Requested

John J. McCarthy  
45 East Side Square  
Suite 301  
Canton, IL 61520

### Certified Mail – Return Receipt Requested

Keith Runyon  
1165 Plum Creek Drive  
Bourbonnais, IL 60914

Interested Party

RECEIVED  
CLERK'S OFFICE

MAR 7 2003

Certified Mail - Return Receipt Requested

Leland Milk  
6903 S. Route 45-52  
Chebanse, IL 60922-5153  
Interested Party

Via Regular Mail

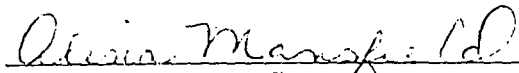
Elizabeth S. Harvey, Esq.  
Swanson, Martin & Bell  
One IBM Plaza, Suite 2900  
330 North Wabash  
Chicago, IL 60611  
Representing Kankakee County Board

Certified Mail - Return Receipt Requested

L. Patrick Power  
956 North Fifth Avenue  
Kankakee, IL 60901  
Interested Party

Via Regular Mail

Charles F. Helsten  
Hinshaw & Culbertson  
100 Park Avenue  
P.O. Box 1389  
Rockford, Illinois 61105-1389

  
Alesia Mansfield

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only - No Insurance Coverage Provided)

7000 0600 0026 7965 3092

Postage \$	
Certified Fee	
Return Receipt Fee	
Endorsement Required	
Restricted Delivery Fee	
Endorsement Required	
<b>Total</b>	<b>Donald Moran</b>

Postmark  
 3/7/03

Recipient: **Pedersen & Houpt**  
 Street: **161 North Clark Street**  
 Suite: **Suite 3100**  
 City: **Chicago, IL 60601-3242**

**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:

**Donald Moran  
 Pedersen & Houpt  
 161 North Clark Street  
 Suite 3100  
 Chicago, IL 60601-3242**

2. Article Number  
 (Transfer from service label)

7000 0600 0026 7965 3092

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *[Signature]* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *Singer* C. Date of Delivery *3/12/01*

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

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only - No Insurance Coverage Provided)

7000 0600 0026 7965 3078

Postage \$ \_\_\_\_\_  
 Certified Fee \$ \_\_\_\_\_  
 Return Receipt Fee \$ \_\_\_\_\_  
 (Endorsement Required)  
 Restricted Delivery Fee \$ \_\_\_\_\_  
 (Endorsement Required)  
 Total \$ \_\_\_\_\_

3/7/03

Postmark  
 here

Recipient **Mr. Bruce Clark**  
 Recipient Address  
 Street **Kankakee County Administration Bldg.**  
 City **180 E. Court Street**  
**Kankakee, IL 60901**

**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:

**Mr. Bruce Clark**  
**Kankakee County Clerk**  
**Kankakee County Administration Bldg.**  
**180 E. Court Street**  
**Kankakee, IL 60901**

2. Article Number

(Transfer from service label)

7000 0600 0026 7965 3078

PS Form 3811, August 2001

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X **John Wheeler** ☒ Agent ☐ Addressee

B. Received by (Printed Name)

**JOHN WHEELER**

C. Date of Delivery

**3-11-07**

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

102595-02-M-0835

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only. No Insurance Coverage Provided)

5806 5962 9200 0090 0002 7000 0600 0026 7965 3085

Postage \$ \_\_\_\_\_  
 Certified Fee \_\_\_\_\_  
 Return Receipt Fee \_\_\_\_\_  
 (Endorsement Required)  
 Restricted Delivery Fee \_\_\_\_\_  
 (Endorsement Required)  
 Total Postage & Fees \$ \_\_\_\_\_

Postmark  
 Here

3/7/03

Recipient's Name **Mr. Karl A. Kruse**  
 Chairman of The Kankakee County Board  
 Street **189 E. Court Street**  
 City **Kankakee, IL 60901**

PS Form 3811, August 2001 See Reverse for Instructions

**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:

**Mr. Karl A. Kruse**  
**Chairman of The Kankakee County Board**  
**189 E. Court Street**  
**Kankakee, IL 60901**

2. Article Number

(Transfer from service label)

7000 0600 0026 7965 3085

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *John Wheeler*

☒ Agent

☐ Addressee

☒ Received by (Printed Name)

**JOHN WHEELER**

C. Date of Delivery

**3-7-03**

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



**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only, No Insurance Coverage Provided)

7000 0600 0026 7965 3061

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	

3/7/03

Postmark  
Here

Edward D. Smith

State's Attorney

County of Kankakee

450 East Court Street

Kankakee, IL 60901-3992

PS Form 3800, February 2000 See Reverse for Instructions

**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:

Edward D. Smith  
 State's Attorney  
 County of Kankakee  
 450 East Court Street  
 Kankakee, IL 60901-3992

2. Article Number

(Transfer from service label)

7000 0600 0026 7965 3061

PS Form 3811, August 2001

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

*John Wheeler*

☒ Agent

☐ Addressee

B. Received by (Printed Name)

JOHN WHEELER

C. Date of Delivery

3-7-03

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

102595-02-M-0835

7000 0600 0026 7965 3108

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only - No Insurance Coverage Provided)*

Postage \$ \_\_\_\_\_  
 Certified Fee \_\_\_\_\_  
 Return Receipt Fee \_\_\_\_\_  
 (Endorsement Required)  
 Restricted Delivery Fee \_\_\_\_\_  
 (Endorsement Required)  
 Total of Fees \_\_\_\_\_

3/7/03  
 Postmark  
 Here

CT Corporation System

Recipient's Name: **c/o Waste Management of Illinois, Inc.**  
 Street: **208 South LaSalle Street**  
 City: **Chicago, IL 60604-1135**

PS Form 3811, August 2001

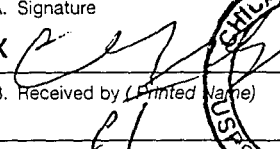
**SENDER: COMPLETE THIS SECTION**

- 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:

CT Corporation System  
 c/o Waste Management of Illinois, Inc.  
 208 South LaSalle Street  
 Chicago, IL 60604-1135

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  ☒ Agent ☐ Addressee  
 B. Received by (Printed Name) \_\_\_\_\_ Date of Delivery \_\_\_\_\_  
 C. Is delivery address different from item 1? ☒ Yes ☐ No  
 If YES, enter delivery address below: \_\_\_\_\_

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)

7000 0600 0026 7965 3108