

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"/> Addressee <input type="checkbox"/> Agent <i>Rhonda Labund</i>	
	B. Received by (Printed Name) <i>Rhonda Labund</i>	C. Date of Delivery <i>11-25-13</i>
1. Article Addressed to: 11/21/13 B.M. PCB 2014-010 Renee Cipriano Schiff Hardin, LLP 6600 Willis Tower 233 S. Wacker Drive Chicago, IL 60606-6473	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
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		
2. Article Number (Transfer from service label) 7011 0110 0001 8270 5756		
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540

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	B. Received by (Printed Name) <i>Rhonda Labund</i>	C. Date of Delivery <i>11-25-13</i>
1. Article Addressed to: 11/21/13 B.M. PCB 2014-010 Amy Antonioli Schiff Hardin, LLP 6600 Willis Tower 233 S. Wacker Drive Chicago, IL 60606-6473	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
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		
2. Article Number (Transfer from service label) 7011 0110 0001 8270 5763		
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540

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1. Article Addressed to: 11/21/13 B.M. PCB 2014-010 William D. Ingersoll Brown, Hay & Stephens, LLP 205 South Fifth Street Suite 700 P.O. Box 2459 Springfield, IL 62705-2459	B. Received by (<i>Printed Name</i>) <i>Erin Johnson</i>	C. Date of Delivery 11/26/13
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	7011 0110 0001 8270 5732	
	PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	
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? (<i>Extra Fee</i>) <input type="checkbox"/> Yes		

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1. Article Addressed to: 11/21/13 B.M. PCB 2014-010 Faith E. Bugel Environmental Law & Polcy Center 35 E. Wacker Drive Suite 1600 Chicago, IL 60601	B. Received by (<i>Printed Name</i>) <i>Marlo Reese</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	
2. Article Number (Transfer from service label)	7011 0110 0001 8270 5770	
	PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	
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? (<i>Extra Fee</i>) <input type="checkbox"/> Yes		