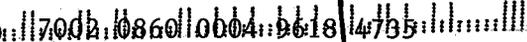


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span>  <i>X F. G. [Signature]</i></p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p>
<p>1. Article Addressed to: 7/22/04 B.M.  PCB 2004-100  Cara M. Mastrian  FagelHaber LLC  55 E. Monroe Street, 40th Floor  Chicago, IL 60603</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  <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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number  (Transfer from service label)  70021086010004:26184735</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	



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- 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: 7/22/04 B.M.  
PCB 2004-100  
Darren R. Bertram  
FagelHaber LLC  
55 E. Monroe Street, 40th Floor  
Chicago, IL 60603

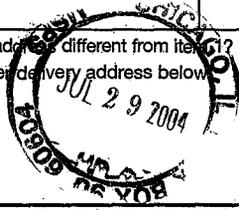
2. Article Number  
(Transfer from service label) 7003 0860 0004 9618 4773

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
*X F. Gorman*  Addressee

B. Received by (Printed Name) C. Date of Delivery

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 Merchant  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

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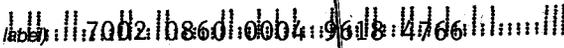
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span> <b>X</b>	
1. Article Addressed to: <b>7/22/04 B.M.</b> <b>PCB 2004-100</b> <b>Michael J. Quinn</b> <b>Seyfarth Shaw</b> <b>55 E. Monroe Street, Suite 4200</b> <b>Chicago, IL 60603-5803</b>	B. Received by ( <i>Printed Name</i> ) <span style="float: right;">C. Date of Delivery</span> <div style="text-align: center;"><b>JUL 29 2004</b></div>	
2. Article Number <i>(Transfer from service label)</i>	D. Is delivery address different from label? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <div style="text-align: center;"><b>E. Rycraft</b></div>	
	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	
7002 0860 0004 9618 4742		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

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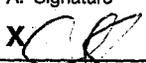
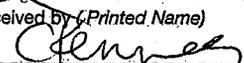
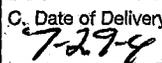
**JUL 30 2004**

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<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 <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span> <i>X F. Guzman</i>
1. Article Addressed to: 7/22/04 B.M. PCB 2004-100 Edward L. Filer EgelHaber, LLC 55 E. Monroe Street, 40th Floor Chicago, IL 60603	B. Received by ( <i>Printed Name</i> ) C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <div style="text-align: center; border: 1px solid black; border-radius: 50%; padding: 5px; width: fit-content; margin: 10px auto;">             JUL 29 2004              CHICAGO, ILL.           </div>
2. Article Number (Transfer from service label)	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.
PS Form 3811, February 2004.	4. Restricted Delivery? ( <i>Extra Fee</i> ) <input type="checkbox"/> Yes Domestic Return Receipt 102595-02-M-1540



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<p>1. Article Addressed to: 7/22/04 B.M.  PCB 2004-100  James T. Wasiniewski  Roberts Environmental Control,  Inc.  7410 Duvan Drive  Tinley Park, IL 60477</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> <hr/> <p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) 7002 0860 0004 9618 4797</p>	
<p>PS Form 3811, February 2004. Domestic Return Receipt 102595-02-M-1540</p>	

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