

ORIGINAL

1. Article Addressed to: 9/2/04 B.M.
AC 2005-003
Ryan Wilson, P.E.
Fehr-Graham and Associates
221 E. Main Street
Freeport, IL 61032

■ 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.

SENDER: COMPLETE THIS SECTION

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- 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: 9/2/04 B.M.
AC 2005-003
Latracia Ishmon
City of Freeport
City Hall
230 West Stephenson Street
Freeport, IL 61032-4359

2. Article Number (Transfer from service label) 7004 1160 0005 4123 1591

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Donna Newsham* Agent Addressee

B. Received by (Printed Name) *Donna Newsham* C. Date of Delivery *9/17/04*

D. 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

SENDER: COMPLETE THIS SECTION

- 1. 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: 9/2/04 B.M.
B 2005-003
James L. Perry
Illinois Energy, LLC
2, B... 270-A
J. B... 65
Freeport City, IL 62414-0065

2. Article Number (Transfer from service label) 7004 1160 0005 4123 1577

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Rebecca L. Wilder* Agent Addressee

B. Received by (Printed Name) *Rebecca L. Wilder* C. Date of Delivery

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:
P.O. Box 65
(not RR 2 Box 270-A)

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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: 9/2/04 B.M.
PCB 2005-003
Dan Skowronski
Constellation Power
100 Market Place, Suite 500
Baltimore, MD 21202

2. Article Number (Transfer from service label) 7004 1160 0005 4123 1584

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *R Coates* Agent Addressee

B. Received by (Printed Name) *R Coates* C. Date of Delivery *9/16*

D. 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

RECEIVED
CLERK'S OFFICE

SEP 20 2004

STATE OF ILLINOIS
Pollution Control Board

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Dea Johnson* Agent Addressee

B. Received by (Printed Name) *Dea Johnson* C. Date of Delivery *9-17-04*

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below: