

ORIGINAL

RECEIVED
CLERK'S OFFICE

FEB 28 2005

STATE OF ILLINOIS
Pollution Control Board

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: 2/17/05 B.M.
PCB 1999-187
Patricia Sharkey
Mayer, Brown, Rowe & Maw, LLP
190 S. LaSalle Street
Chicago, IL 60603

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

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 Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (*Extra Fee*)

Yes

2. Article Number

(*Transfer from service label*)

7004 2890 0004 2296 0832

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1. Article Addressed to: 2/17/05 B.M.
PCB 1999-187
Michelle A. Gale
Mayer, Brown, Rowe & Maw, LLP
190 S. LaSalle Street
Chicago, IL 60603

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *MARSH* Agent
 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 Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
(Transfer from service label) 7004 2890 0004 2296 0849

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

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: 2/17/05 B.M.
PCB 1999-187
Michael S. Blazer
The Jeff Diver Group
1749 South Naperville Road
Suite 102
Wheaton, IL 60187

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *MSB* Agent
 Addressee

B. Received by (Printed Name) / C. Date of Delivery
M Blazer / *2/24/05*

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) 7004 2890 0004 2296 0818

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

SENDER: COMPLETE THIS SECTION

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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: 2/17/05
PCB 1999-187
Matthew E. Cohn
The Jeff Diver Group
1749 South Naperville Road
Suite 102
Wheaton, IL 60187

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *MEC* Agent
 Addressee

B. Received by (Printed Name) / C. Date of Delivery
M Blazer / *2/24/05*

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) 7004 2890 0004 2296 0825

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154