

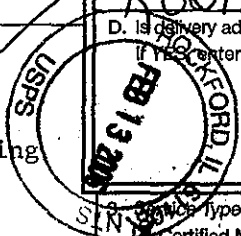
ORIGINAL

RECEIVED
CLERK'S OFFICE

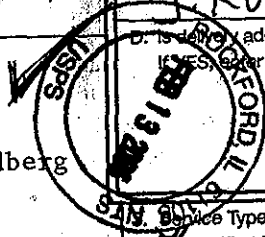
FEB 15 2006

STATE OF ILLINOIS
Pollution Control Board

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. 	<p>A. Signature <i>X B. Kosinski</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>KOSINSKI</i></p> <p>C. Date of Delivery <i>2/13</i></p>
<p>1. Article Addressed to: <i>2/2/06 B.M.</i> PCB 2005-215 Bruce Schlichting Schlichting & Sons Excavating 8966 East State Street Rockford, IL 61108</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>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) <i>7005 1160 0002 2443 1705</i></p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	



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<p>1. Article Addressed to: <i>2/2/06 B.M.</i> PCB 2005-215 Jack D. Ward Reno, Zahm, Folgate, Lindberg & Powell 2602 McFarland Road Suite 400 Rockford, IL 61107</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>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) <i>7005 1160 0002 2443 1712</i></p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	



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1. Article Addressed to: 2/2/06 B.M. PaTrisha Gibbs First Rockford Group 6801 Spring Creek Road Rockford, IL 61114 <i>PCB05-25</i>	B. Received by (Printed Name)	C. Date of Delivery 2-13-06
2. Article Number (Transfer from service label) 7005 1160 0002 2443 1682	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, February 2004	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	
Domestic Return Receipt 102595-02-M-1540		

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1. Article Addressed to: 2/2/06 B.M. John P. Malburg Heritage Engineering 345 Executive Parkway Suite M1 Rockford, IL 61125 <i>PCB05-25</i>	B. Received by (Printed Name) <i>John P. Malburg</i>	C. Date of Delivery 2/13/06
2. Article Number (Transfer from service label) 7005 1160 0002 2443 1699	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
PS Form 3811, February 2004	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	
Domestic Return Receipt 102595-02-M-1540		

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<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. <p>1. Article Addressed to: 2/2/06 B.M. PCB 2005-215 Charles F. Helsten Hinshaw & Culbertson 100 Park Avenue P.O. Box 1389 Rockford, IL 61105-1389</p>	<p>A. Signature X <i>A. Bilodeau</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name) <i>A. Bilodeau</i> C. Date of Delivery <i>FEB 13 2006</i></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) 7005 1160 0002 2443 1637</p> <p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M</p>	

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<p>2. Article Number (Transfer from service label) 7005 1160 0002 2443 1651</p> <p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M</p>	

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<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. <p>1. Article Addressed to: 2/2/06 B.M. PCB 2005-215 Sunil Puri First Rockford Group 6801 Spring Creek Road Rockford, IL 61114</p>	<p>A. Signature X <i>Vicci Beck</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>2/13/06</i></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) 7005 1160 0002 2443 1675</p> <p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M</p>	