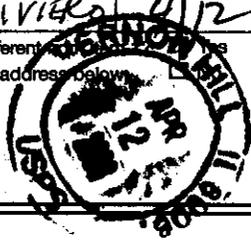


ORIGINAL

RECEIVED  
CLERK'S OFFICE

APR 13 2006

STATE OF ILLINOIS  
Pollution Control Board

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  <input checked="" type="checkbox"/> <i>Grace Olivier</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to: 4/6/06 B.M.          PCB 2006-048          Ronald P. Palmieri, P.E.          STS Consultants, Ltd.          750 Corporate Woods Parkway          Vernon Hills, IL 60061-3153</p>	<p>B. Received by (Printed Name)  <i>GRACE OLIVIER</i></p> <p>C. Date of Delivery  <i>4/12</i></p>
<p>2. Article Number          (Transfer from service label) 7005 1160 0002 2067 8920</p>	<p>D. Is delivery address different from item 1?          If YES, enter delivery address below:</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>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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  <input checked="" type="checkbox"/> <i>CT CORPORATION SYSTEM</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to: 4/6/06 B.M.          PCB 2006-048          CT Corporation Systems          208 S. LaSalle Street          Suite 814          Chicago, IL 60604-1101</p>	<p>B. Received by (Printed Name)  <i>CT CORPORATION SYSTEM</i></p> <p>C. Date of Delivery  <i>APR 12 2006</i></p>
<p>2. Article Number          (Transfer from service label) 7005 1160 0002 2067 8913</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>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	