

ORIGINAL

RECEIVED  
CLERK'S OFFICE

FEB 13 2007

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>	A. Signature <i>X Steven J. Freeman</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: 1/26/07 B.M. AC 2005-040 Wayne Klinger Northern Illinois Service Co. 4781 Sandy Hollow Road Rickford, IL 61109	B. Received by (Printed Name) <i>Steven J. Freeman</i> C. Date of Delivery <i>2/5/07</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number (Transfer from service label) 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

02595-02-M-1540

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 <i>X Laura Higgins</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: 1/26/07 B.M. AC 2005-040 Peter DeBruyne Peter DeBruyne, P.C. 838 North Main Street Rockford, IL 61103	B. Received by (Printed Name) <i>Laura Higgins</i> C. Date of Delivery <i>2-5-07</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number (Transfer from service label) 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

7000 0520 0012 7735 6898  
Domestic Return Receipt  
102595-02-M-1540