ORIGINAL

RECEIVED CLERK'S OFFICE

APR 0 2 2007

STATE OF ILLINOIS Pollution Control Board

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DE	LIVERY
■ Complete items 1, 2, and 3. Also complete	A. Signature	
item 4 if Restricted Delivery is desired.	x B_ 2	☐ Agent
■ Print your name and address on the reverse so that we can return the card to you.		Addres
Attach this card to the back of the mailpiece,	B. Received by (Printed Name)	C. Date of Deliv
or on the front if space permits.	D. Is delivery address different from it	
1. Article Addressed to: 3/15/07 B.M.	If YES, enter delivery address be	
PCB 2005-212 and PCB 2005-213	#	
Thomas G. Safley		
Hodge Dwyer Zeman	Sept.	
3150 Roland Avenue	3. Service Type	
Post Office Box 5776	Certified Mail	fail
Springfield, IL 62705-5776		celpt for Merchand
	☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee)	
G. Atiala Number	4. Restricted Delivery? (Extra ree)	Yes
2. Article Number (Transfer from service label) 7001 1140 000	2 7469 0282	
	eturn Receipt	102595-02-M-1
,	· · · · · · · · · · · · · · · · · · ·	
- THE COURT FIE THE CECTION	COMPLETE THIS SECTION ON DELI	VERY
SENDER: COMPLETE THIS SECTION		
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A Signature	☐ Agent
■ Print your name and address on the reverse	X D2 2	☐ Addresse
so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name)	C. Date of Deliver
or on the front if space permits.	Brasles	<u> </u>
1. Article Addressed to: 3/15/07 B.M.	D. Is delivery address different from iter If YES, enter delivery address belove	
PCB 2005-212 and PCB 2005-213		
Edward W. Dywer)	
Hodge Dwyer Zeman	:	
3150 Roland Avenue		<u> </u>
Post Office Box 5776	3. Service Type Secretified Mall Express Ma	il
Springfield, IL 62705-5776	Registered Return Rec	elpt for Merchandis
	☐ Insured Mail ☐ C.O.D.	
	4. Restricted Delivery? (Extra Fee)	☐ Yes
2. Article Number	2 7/60 0209	
(Transfer from service label) 7001 1140 000		102595-02-M-15
PS Form 3811, February 2004 Domestic Re	tum necelpt	(52555 52 111 15
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DEL	IVERY
■ Complete items 1, 2, and 3. Also complete	A. Signature	_
item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse	x /2 2	☐ Agent ☐ Addresse
so that we can return the card to you.	B. Received by (Printed Name)	C. Date of Deliver
Attach this card to the back of the mailpiece, or on the front if space permits.	Brian Lee	3-27-07
1. Article Addressed to: 3/15/07 B.M.	D. Is delivery address different from ite	
PCB 2005-212 and PCB 2005-213	If YES, enter delivery address belo	w: No
Ryan E. Mohr		
1/ 1		
Hodge Dwyer Zeman		
3150 Roland Avenue	3. Service Type	
Post Office Box 5776	Certified Mail Express Ma	
Springfield, IL 62705-5776	☐ Registered ☐ Return Reco	eipt for Merchandis
	Restricted Delivery? (Extra Fee)	□ Yes
2. Article Number	1 (2002)	iii ies
(Transfer from service label) 7001 1140 0002	7469 0299	
DC Form 2011 February 2004		