


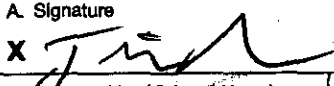
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) 	C. Date of Delivery 5-19-07
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	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		
1. Article Addressed to: 5/3/07 B.M. PCB 2006-171 United State Steel Corporation Granite City Works c/o Natinoal Registered Agents, Inc. 200 W. Adams Street Chicago, IL 60606		
2. Article Number (Transfer from service label) 7006 2760 0003 5423 6638		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

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MAY 22 2007

STATE OF ILLINOIS
Pollution Control Board

ORIGINAL

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
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	B. Received by (Printed Name) 	C. Date of Delivery
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4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
1. Article Addressed to: 5/3/07 B.M. PCB 2006-171 Elizabeth A. Mushill Washington University School of Law One Brookings Drive Campus Box 1120 St. Louis, MO 63130-4899		
2. Article Number (Transfer from service label) 7006 2760 0003 5423 6621		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

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	B. Received by (Printed Name) <i>[Signature]</i>	C. Date of Delivery
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		
1. Article Addressed to: 5/3/07 B.M. PCB 2006-171 Edward J. Heisel Washington University School of Law One Brookings Drive Campus Box 1120 St. Louis, MO 63130-4899	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		
2. Article Number (Transfer from service label) 7006 2760 0003 5423 6614		
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540

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	B. Received by (Printed Name) <i>[Signature]</i>	C. Date of Delivery
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		
1. Article Addressed to: 5/3/07 B.M. PCB 2006-171 Marianne I. Lipeles Washington University School of Law One Brookings Drive Campus Box 1120 St. Louis, MO 63130-4899	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		
2. Article Number (Transfer from service label) 7006 2760 0003 5423 6607		
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540