

ORIGINAL

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JUL - 6 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 <input checked="" type="checkbox"/> <i>Carolene K. Powell</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: 6/21/07 B.M. AC 2007-058 Kenneth Boles Macon County Solid Waste Management Department 141 S. Main Street, Room 212 Decatur, IL 62523	B. Received by (Printed Name) <i>Carolene K. Powell</i>	C. Date of Delivery <i>7/2/07</i>
2. Article Number (Transfer from service label) 7007 0220 0003 0236 4002	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

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1. Article Addressed to: 6/21/07 B.M. AC 2007-058 Attn: Chris Peters, Chief Operator Veolia ES Valley View Landfill 1363 Bear Road Decatur, IL 62522	B. Received by (Printed Name)	C. Date of Delivery <i>7/2/07</i>
2. Article Number (Transfer from service label) 7007 0220 0003 0236 4019	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