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AUG 06 2007

STATE OF ILLINOIS
Pollution Control Board

ORIGINAL

| 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 type="checkbox"/> Agent <input checked="" type="checkbox"/> <i>Rachel Kister</i> <input type="checkbox"/> Addressee |
| 1. Article Addressed to: 7/26/07 B.M. AC 2006-022 Claire A. Manning Borwn, Hay & Stephens LLP 700 First Mercantile Bank Bldg. 205 South Fifth Street P.O. Box 2459 Springfield, IL 62705-2459 | B. Received by (Printed Name) <input type="checkbox"/> Agent <i>Rachel Kister</i> <input type="checkbox"/> Addressee |
| | C. Date of Delivery <i>08/03</i> |
| | 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 |
| 2. Article Number (Transfer from service label) 7007 0220 0003 0236 2930 | 102595-02-M-1540 |

PS Form 3811, February 2004 Domestic Return Receipt

| 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 type="checkbox"/> Agent <input checked="" type="checkbox"/> <i>George Graves</i> <input type="checkbox"/> Addressee |
| 1. Article Addressed to: 7/26/07 B.M. AC 2006-022 Harold Graves 306 Beechwood Drive Taylorville, IL 62568 | B. Received by (Printed Name) <input type="checkbox"/> Agent <i>George Graves</i> <input type="checkbox"/> Addressee |
| | C. Date of Delivery <i>8/2/07</i> |
| | 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 |
| 2. Article Number (Transfer from service label) 7007 0220 0003 0236 2947 | 102595-02-M-1540 |

PS Form 3811, February 2004 Domestic Return Receipt