

RECEIVED  
CLERK'S OFFICE

APR 11 2008

STATE OF ILLINOIS  
Pollution Control Board

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to: 4/3/08 B.M.

PCB 2004-186

Richard S. Porter

Hinshaw & Culbertson

100 Park Avenue

P.O. Box 1389

Rockford, IL 61105-1389

COMPLETE THIS SECTION ON DELIVERY

A. Signature

*[Signature]*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

*[Signature]*

C. Date of Delivery

APR 8 2008

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7007 3020 0000 4630 5593

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to: 4/3/08 B.M.

PCB 2004-186

Charles F. Helsten

Hinshaw & Culbertson

100 Park Avenue

P.O. Box 1389

Rockford, IL 61105-1389

COMPLETE THIS SECTION ON DELIVERY

A. Signature

*[Signature]*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

*[Signature]*

C. Date of Delivery

APR 8 2008

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7007 3020 0000 4630 5609

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to: 4/3/08 B.M.  
PCB 2004-186  
Karl Kruse  
Kankakee County Board  
189 E. Court St.  
Kankakee, IL 60901

2. Article Number  
(Transfer from service label) 7007 3020 0000 4630 5654

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Robert Kruse*☐ Agent☐ Addressee

B. Received by (Printed Name)

Robert Kruse

C. Date of Delivery

APR 9 2008

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

## SENDER: COMPLETE THIS SECTION

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- Print your name and address on the reverse so that we can return the card to you.
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1. Article Addressed to: 4/3/08 B.M.  
PCB 2004-186  
George Mueller  
609 Etna Road  
Ottawa, IL 61350

2. Article Number  
(Transfer from service label) 7007 3020 0000 4630 5913

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *George Mueller*☐ Agent☐ Addressee

B. Received by (Printed Name)

George Mueller

C. Date of Delivery

APR 9 2008

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

## SENDER: COMPLETE THIS SECTION

- 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.
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1. Article Addressed to: 4/3/08 B.M.  
PCB 2004-186  
Edward Smith  
Kankakee County State's  
Attorney  
450 East Court Street  
Kankakee, IL 60901

## COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee  
*Robert Brasley*  
 B. Received by (Printed Name) *ROBERT BRASLEY*  
 C. Date of Delivery *APR 9 2008*  
 D. Is delivery address different from item 1? ☐ Yes ☐ No  
 If YES, enter delivery address below:  
 3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.  
 4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from service label) 7007 3020 0000 4630 5685

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to: 4/3/08 B.M.  
PCB 2004-186  
Brenda L. Gorski  
Kankakee County State's  
Attorney  
450 East Court Street  
Kankakee, IL 60901

## COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee  
*Robert Brasley*  
 B. Received by (Printed Name) *ROBERT BRASLEY*  
 C. Date of Delivery *APR 9 2008*  
 D. Is delivery address different from item 1? ☐ Yes ☐ No  
 If YES, enter delivery address below:  
 3. Service Type  
☐ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.  
 4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from service label) 7007 3020 0000 4630 5692

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## SENDER: COMPLETE THIS SECTION

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- 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.

1. Article Addressed to: 4/3/08 B.M.  
PCB 2004-186  
Bruce Clark  
Kankakee County Board  
189 E. Court St.  
Kankakee, IL 60901

## COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee  
*Robert Brasley*  
 B. Received by (Printed Name) *ROBERT BRASLEY*  
 C. Date of Delivery *APR 9 2008*  
 D. Is delivery address different from item 1? ☐ Yes ☐ No  
 If YES, enter delivery address below:  
 3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.  
 4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from service label) 7007 3020 0000 4630 5678

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540