

APR 1 1 2008

STATE OF ILLINOIS Pollution Control Board

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ 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	A. Signature    Agent   Addressee   Addressee   Addressee   Addressee   Addressee   Apr   Addressee   Apr   Apr
100 Park Avenue P.O. Box 1389 Rockford, IL 61105-1389	3. Service Type  SCertified Mail
	4. Restricted Delivery? (Extra Fee)
Article Number     (Transfer from service label) 7007 3020 000	0 4630 5593
PS Form 3811, February 2004 Domestic Re	

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■ 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	A. Signature  A. Agent  Addressee  B. Received by (Plinted Name)  C. Date of Delivery  APR  D. Is delivery address different from item 1?  Yes  If YES, enter delivery address below:  No
P.O. Box 1389 Rockford, IL 61105-1389	3 Service Type   CACertified Mall
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7007 3020 0000 4630 5609	
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540

## SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY ■ Complete items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. □ Agent □ Addressee Print your name and address on the reverse so that we can return the card to you. C. Date of Delivery Attach this card to the back of the mailpiece, \$0.00 or on the front if space permits. is delivery address different from 1. Article Addressed to: 4/3/08 B.M. If YES, enter delivery address No DX PCB 2004-186 Karl Kruse Kankakee County Board 189 E. Court St. 3. Service Type Kankakee, IL 60901 Certified Mail Registered ☐ Express Mail ☐ 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 5654 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

CENDED, COMPLETE THE SECTION	COMPLETE THIS SECTION ON DELIVERY
SENDER: COMPLETE THIS SECTION	
<ul> <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>	B. Received by (Printed Name) C. Date of Taillvery  D. Is delivery address different from item 1? Yes
1. Article Addressed to: 4/3/08 B.M.	If YES, enter delivery address below: D No
PCB 2004-186 *	
George Mueller	APR 0 9 2008
609 Etna Road	
Ottawa, IL 61350	3. Service Ripe  Certified Mail - D Express Mail  Registered
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7007 3020 0000	4630 5913

## COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION Signature ■ Complete items 1, 2, and 3. Also complete □ Agent item 4 if Restricted Delivery is desired. ☐ Addressee 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. Is delivery address different from the 1. Article Addressed to: 4/3/08 B.M. If YES, enter delivery address beld PCB 2004-186 Edward Smith Kankakee County State's Attorney Service Type 450 East Court Street Certified Mail ☐ Express Mail ☐ Return Receipt for Merchandise Registered Kankakee, IL 60901 ☐ C.O.D. Insured Mall Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 7007 3020 0000 4630 5685 (Transfer from service label) 102595-02-M-1540 PS Form 3811, February 2004 Domestic Return Receipt COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signatore ■ Complete items 1, 2, and 3. Also complete Agent Item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse isk of Day so that we can return the card to you. Attach this card to the back of the mailplece, or on the front if space permits. is delivery address different from/its 1. Article Addressed to: 4/3/08 B.M. If YES, enter delivery address belo PCB 2004-186 Brenda L. Gorski Kankakee County State's Attorney Service Type 450 East Court Street ☐ Express Mail ☐ Certified Mall ☐ Return Receipt for Merchandise ☐ Registered Kankakee, IL 60901 Insured Mail □ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number (Transfer from service label) 7007 3020 0000 4630 5692 102595-02-M-1540 PS Form 3811, February 2004 Domestic Return Receipt SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. □ Agent Print your name and address on the reverse □ Addressee so that we can return the card to you. of Delivery Attach this card to the back of the mailpiece, 1 80g or on the front if space permits. Is delivery address different fub 1. Article Addressed to: 4/3/08 B.M. If YES, enter delivery address No PCB 2004-186 Bruce Clark Kankakee County Board 189 E. Court St. Service Type Kankakee, IL 60901 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