

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 2007-113
 Emily Vivian
 Hasselberg, Williams, Grege,
 Snodgrass & Birdsall
 124 SW Adams, Suite 360
 Peoria, IL 61602-1320

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]
 B. Received by (Printed Name) *Edwards* C. Date of Delivery *4/9/08*
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

RECEIVED
CLERK'S OFFICE

APR 11 2008

STATE OF ILLINOIS
Pollution Control Board

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 5777

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1. Article Addressed to: 4/3/08 B.M.
 PCB 2007-113
 Bruce McKinney
 City of Rochelle
 420 N. 6th Street
 P.O. Box 601
 Rochelle, IL 61068

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]
 B. Received by (Printed Name) *Wayne Pelletier* C. Date of Delivery *4-9-08*
 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 5784

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 2007-113
 Charles F. Helsten
 Hinshaw & Culbertson
 100 Park Avenue
 P.O. box 1389
 Rockford, IL 61105-1389

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]
 B. Received by (Printed Name) *Helsten* 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 5753