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STATE OF ILLINOIS
Pollution Control Board

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 checked="" type="checkbox"/> <i>Cynthia Wendel</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) <input checked="" type="checkbox"/> <i>Cynthia Wendel</i> C. Date of Delivery <input checked="" type="checkbox"/> <i>8-14-08</i>	
1. Article Addressed to: <i>8/7/08 B.M.</i> PCB 2007-032 Southwind Construction Corp. c/o Dirck H. Stahl Ziemer, Stayman, Weitzel & Shoulders, LLP 20 N.W. First Street, 9th Floor P.O. Box 916 Evansville, IN 47706-9016	D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
2. Article Number (Transfer from service label) 7007 3020 0000 4630 6965	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
PS Form 3811, February 2004	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Domestic Return Receipt 102595-02-M-1540		

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	B. Received by (Printed Name) <input checked="" type="checkbox"/> <i>D.J. Guidotti</i> C. Date of Delivery <input checked="" type="checkbox"/> <i>8-15-08</i>	
1. Article Addressed to: <i>8/7/08 B.M.</i> PCB 2007-032 Mr. Spike Guidotti Lake Arlann Drainage District 3 Beachcomber Place Pekin, IL 61554	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label) 7007 3020 0000 4630 6958	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.	
PS Form 3811, February 2004	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Domestic Return Receipt 102595-02-M-1540		