

BEFORE THE ILLINOIS POLLUTION CONTROL BOARD

PEOPLE OF THE STATE OF ILLINOIS,)	
by KWAME RAOUL, Attorney)	
General of the State of Illinois,)	
)	
Complainant,)	
)	
v.)	PCB No. 22-80
)	(Enforcement - Air)
IBRAHIM MUBARAK, an individual,)	
)	
Respondent.)	

NOTICE OF FILING

To: Persons on Attached Service List

PLEASE TAKE NOTICE that I have today caused to be filed with the Clerk of the Illinois Pollution Control Board by electronic filing the following Proof of Service of Complainant's Complaint, a true and correct copy of which is attached hereto and hereby served upon you.

PEOPLE OF THE STATE OF ILLINOIS,
KWAME RAOUL, Attorney General of the State of
Illinois

By: /s/ Kevin Garstka
Kevin Garstka
Assistant Attorney General
Environmental Bureau
Illinois Attorney General's Office
69 W. Washington St., 18th Floor
Chicago, Illinois 60602
(773) 590-7029
Kevin.Garstka@ilag.gov

Dated: November 14, 2022

Service List

Ibrahim Mubarak
9124 South Thomas Avenue
Bridgeview, IL 60455
(Via Certified Mail)

Brad Halloran
Hearing Officer
Illinois Pollution Control Board
100 W. Randolph Street, Suite 5-100
Chicago, IL 60601
Brad.Halloran@illinois.gov
(Via Email)

CERTIFICATE OF SERVICE

I, Kevin Garstka, as Assistant Attorney General, do certify that on this 14th day of November 2022, I caused to be served a copy of the foregoing Notice of Filing and Proof of Service of Complainant's Complaint, upon the persons listed on the attached Service List via U.S. Certified Mail and Email.

/s/ Kevin Garstka
Kevin Garstka
Assistant Attorney General
Environmental Bureau
Illinois Attorney General's Office
69 W. Washington Street, Suite 1800
Chicago, Illinois 60602
(773) 590-7029
Kevin.Garstka@ilag.gov

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Kevin Garstka
 Assistant Attorney General
 Environmental Bureau
 69 West Washington Street, Suite 1800
 Chicago, Illinois 60602



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY														
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ 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. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X </p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11/13/22</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>														
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 10px; text-align: center; margin: 10px 0;"> Ibrahim Mubarak 9124 South Thomas Avenue Bridgeview, IL 60455 </div> <p style="text-align: center;">  9590 9402 7806 2152 7369 60 </p>	<p>3. Service Type</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express[®]</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail[™]</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail[®]</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input checked="" type="checkbox"/> Signature Confirmation[™]</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Insured Mail</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express [®]	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail [™]	<input checked="" type="checkbox"/> Certified Mail [®]	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Signature Confirmation [™]	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Insured Mail	<input type="checkbox"/> Insured Mail	<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express [®]														
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<input type="checkbox"/> Insured Mail	<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)														
<p>2. Article Number (Transfer from service label)</p> <p>7021 1970 0001 5075 6429</p>															
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>															