

**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. 23-104
	)	(Enforcement - Air)
76 ENTERPRISES, INC., an Illinois corporation	)	
	)	
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/ Elizabeth Dubats  
Elizabeth Dubats  
Assistant Attorney General  
Environmental Bureau  
Illinois Attorney General's Office  
69 W. Washington St., 18th Floor  
Chicago, Illinois 60602  
(773) 590-6794  
[Elizabeth.Dubats@ilag.gov](mailto:Elizabeth.Dubats@ilag.gov)

Dated: June 16, 2023

**Service List**

Brad Halloran  
Hearing Officer  
Illinois Pollution Control Board  
60 E. Van Buren, Suite 630  
Chicago, IL 60605  
[Brad.Halloran@illinois.gov](mailto:Brad.Halloran@illinois.gov)  
(Via Email)

76 Enterprises, Inc.  
Syed Ahmed, Registered Agent  
7602 S. Vincennes Avenue  
Chicago, IL 60620  
(Via U.S. Mail)

**CERTIFICATE OF SERVICE**

I, Elizabeth Dubats, a Senior Assistant Attorney General, do certify that on this 16th day of June 2023, I caused to be served a copy of the foregoing Notice of Filing and Proof of Service of Complainant's Complaint, upon the parties listed on the attached Service List via methods described.

/s/ Elizabeth Dubats  
Elizabeth Dubats  
Assistant Attorney General  
Environmental Bureau  
Illinois Attorney General's Office  
69 W. Washington St., 18th Floor  
Chicago, Illinois 60602  
(773) 590-6794  
[Elizabeth.Dubats@ilag.gov](mailto:Elizabeth.Dubats@ilag.gov)

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**Ms. Elizabeth Dubats**  
Assistant Attorney General  
Environmental Bureau  
69 West Washington Street, Suite 1800  
Chicago, Illinois 60602

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<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</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>	<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee  <i>X RE 2001 C19</i></p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <i>5/29/2023</i></p>																
<p>1. Article Addressed to:</p> <p style="text-align: center;">76 Enterprises, Inc. Syed Ahmed, Registered Agent 7602 S. Vincennes Avenue Chicago, IL 60620-1607</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes                  If YES, enter delivery address below: <input type="checkbox"/> No</p> <div style="text-align: center;">  </div>																
<div style="text-align: center;">  <p>9590 9402 7306 2152 7448 35</p> </div>	<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></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></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 Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
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<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
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<p>2. Article Number: (Transfer from service label)</p> <p>7021 1970 0001 5075 6610</p>	<p style="text-align: right;">Domestic Return Receipt</p>																
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>																	



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