

JUL 01 2004



ILLINOIS ENVIRONMENTAL PROTECTION AGENCY

1021 NORTH GRAND AVENUE EAST, P.O. BOX 19276, SPRINGFIELD, ILLINOIS 62794-9276, 217-782-3397

JAMES R. THOMPSON CENTER, 100 WEST RANDOLPH, SUITE 11-300, CHICAGO, IL 60601, 312-782-3397

ROD R. BLAGOJEVICH, GOVERNOR

RENEE CIPRIANO, DIRECTOR

(217) 782-5544

TDD: (217) 782-9143

June 29, 2004

The Honorable Dorothy Gunn, Clerk
Illinois Pollution Control Board
State of Illinois Center
100 West Randolph, Suite 11-500
Chicago, IL 60601

AC04-83

Re: Illinois Environmental Protection Agency v. Reload, Inc., et al.
AC 04-83 (IEPA File No. 273-04-AC)
2010355004—Winnebago County

Dear Clerk Gunn:

According to the Illinois Secretary of State's website (www.sos.state.il.us), Respondent Reload, Inc. and Respondent Giuffre II, LLC, are foreign corporations whose authority to do business in Illinois has been revoked. As such, the Secretary of State is the designated agent for service of process for both Respondents, pursuant to 805 ILCS 5/5.25(b)(5) (2002).

Please be advised that service was had on Respondents, Reload, Inc. and Giuffre II, LLC, through the Secretary of State's corporation division, on June 10, and June 16, respectively. In order to avoid default, Petitions for Review must be filed with the Illinois Pollution Control Board on or before July 15 and 21, 2004, respectively.

In addition to service of process on the Secretary of State's corporation division, 805 ILCS 5/5.25(c)(2) requires copies of process to be sent to the last registered office of the corporation and the address at which actual notice will likely be achieved. Copies of the returned Certified Mail Receipts to the Secretary of State, the respective record offices, and all additional known addresses are attached hereto.

Sincerely,

Michelle M. Ryan
Assistant Counsel

Attachment

RECEIVED
CLERK'S OFFICE

STATE OF ILLINOIS
Pollution Control Board

Respondents.

(IEPA No. 273-04-AC)

THIS FILING SUBMITTED ON RECYCLED PAPER

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>[Signature]</i></p> <p>B. Received by (Printed Name) C. Date of Delivery JUN 7 2004</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>
<p>1. Article Addressed to:</p> <p style="margin-left: 20px;">Phillip Penner Reload, Inc 1221 South 39th Street Saint Louis, Missouri 63110</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) 7002 3150 0000 1258 8581</p>	
<p>PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>X [Signature]</i></p> <p>B. Received by (Printed Name) C. Date of Delivery Dereck Penner 6/12/04</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>
<p>1. Article Addressed to:</p> <p style="margin-left: 20px;">Phillip Penner Reload, Inc. 605 Castle Ridge Drive Ballwin, Missouri 63021</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) 7002 3150 0000 1258 8598</p>	
<p>PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540</p>	

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:

Giuffre II, LLC
Attn: Nicholette G. Rinhardt
445 West Oklahoma Avenue
Milwaukee, WI 53207

2. Article Number 7000 0520 0012 5645 6687
(Transfer from service label)

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Patricia McGray☒ Agent☐ Addressee

B. Received by (Printed Name)

PATRICIA MCGRAY

C. Date of Delivery

6-17-04

D. Is delivery address different from item 1? ☐ Yes-If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes**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:

Giuffre II, LLC
c/o Secretary of State
Attn: Robert Durkholz
501 S. 2nd Street
Springfield, IL 62756

2. Article Number 7000 0520 0012 5645 6700
(Transfer from service label)

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No**SECRETARY OF STATE****JUN 16 2004****BY MARK KUNTZ**

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

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<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee X</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <hr/> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">SECRETARY OF STATE</p> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">JUN 10 2004</p>
<p>1. Article Addressed to:</p> <p style="padding-left: 20px;">Robert Durkholz Reload, Inc. % Secretary of State 501 South 2nd Street Springfield, Illinois 62756</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7002 3150 0000 1258 8604</p>	
<p>PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee X <i>Mike Salek</i></p> <p>B. Received by (Printed Name) C. Date of Delivery MIKE SALEK 6-23-04</p> <hr/> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="padding-left: 20px;">Mike Salek Reload, Inc. 1165 Prairie Hill Road Rockton, Illinois 61072</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7002 3150 0000 1258 8574</p>	
<p>PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540</p>	

PROOF OF SERVICE

I hereby certify that I did on the 29th day of June 2004, send by U.S. Mail with postage thereon fully prepaid, by depositing in a United States Post Office Box a true and correct copy of the following instrument(s) entitled CERTIFIED MAIL RECEIPT

To: Reload, Inc. and
Giuffre II, LLC
c/o Secretary of State
Attn: Robert Durkholz
501 S. 2nd Street
Springfield, IL 62756

Reload, Inc.
c/o Phillip Penner
605 Castle Ridge Drive
Ballwin, MO 6302

Reload, Inc.
c/o Phillip Penner
1221 S. 39th Street
St. Louis, MO 63110

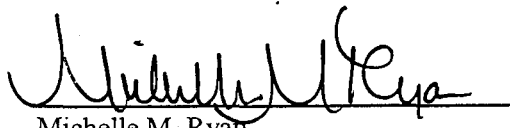
Reload, Inc.
c/o Mike Salek
1165 Prairie Hill Road
Rockton, IL 61072

Giuffre II, LLC
Attn: Nicholette G. Reinhardt
445 West Oklahoma Avenue
Milwaukee, WI 53207

and the original and nine (9) true and correct copies of the same foregoing instruments on the same date by U.S.

Mail with postage thereon fully prepaid

To: Dorothy Gunn, Clerk
Pollution Control Board
James R. Thompson Center
100 West Randolph Street, Suite 11-500
Chicago, Illinois 60601



Michelle M. Ryan
Special Assistant Attorney General

Illinois Environmental Protection Agency
1021 North Grand Avenue East
P.O. Box 19276
Springfield, Illinois 62794-9276
(217) 782-5544

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