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MAY 20 2008

STATE OF ILLINOIS  
Pollution Control Board

OFFICE OF THE ATTORNEY GENERAL  
STATE OF ILLINOIS

**Lisa Madigan**  
ATTORNEY GENERAL

ORIGINAL

May 15, 2008

John T. Therriault, Assistant Clerk  
Illinois Pollution Control Board  
State of Illinois Center  
100 West Randolph  
Chicago, Illinois 60601

Re: **People v. Gelco Management and Development LLC**  
**PCB 08-89**

Dear Clerk:

Pursuant to section 103.123 of the Procedural Rules of the Illinois Pollution Control Board, the enclosed executed certified mail receipt is filed with the Board as proof of service of the Notice and Complaint filed with the Board.

Thank you for your cooperation and consideration.

Very truly yours,

Peggy J. Kingen  
Adm. Secretary  
Environmental Bureau  
500 South Second Street  
Springfield, Illinois 62706  
(217) 782-9031

Enclosure

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</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>	A. Signature X <i>Joshua Bradley</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Gelco Management & Dev. LLC c/c Joshua Bradley Attorney at Law 1010 W. DeYoung St. Marion, IL 62959 <div style="text-align: center; border: 1px solid black; border-radius: 50%; padding: 5px; width: fit-content; margin: 10px auto;">             MARION IL              MAY 12 2008              62959           </div>	B. Received by (Printed Name)	C. Date of Delivery <i>5/12/08</i>
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No  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. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7003 3110 0000 3530 5432		