



**BEFORE THE ILLINOIS POLLUTION CONTROL BOARD**

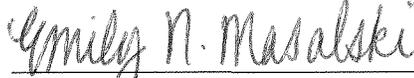
METROPOLITAN PIER AND EXPOSITION	)	
AUTHORITY, an Illinois municipal corporation,	)	
	)	
Petitioner,	)	PCB 10-73
	)	(UST Fund Appeal)
v.	)	
	)	
ILLINOIS ENVIRONMENTAL PROTECTION	)	
AGENCY, an Illinois state agency,	)	
	)	
Respondent.	)	

**PROOF OF SERVICE**

I, Emily N. Masalski, an attorney, certify and state that a true and correct copy of Petitioner's **Notice of Filing, Appearance of Deutsch, Levy & Engel, Chtd., and Petition for Review Underground Storage Tank Fund Reimbursement Determination** was served on Respondent by certified mail, return receipt on June 28, 2010. A copy of the return receipt cards, evidencing delivery, are attached hereto as Exhibit "A."

Respectfully submitted,

METROPOLITAN PIER AND EXPOSITION  
AUTHORITY, an Illinois municipal corporation



\_\_\_\_\_  
Emily N. Masalski

Kenneth W. Funk, Esq.  
Karen Kavanagh Mack, Esq.  
Emily N. Masalski, Esq.  
Deutsch, Levy & Engel, Chartered  
225 W. Washington Street, Suite 1700  
Chicago, IL 60606  
(312) 346-1460

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>	<p>A. Signature  <input checked="" type="checkbox"/> Illinois Environmental Protection Agency Agent  <input checked="" type="checkbox"/> Addressee  1021 North Grand Avenue East  Springfield, Illinois 62794-9276</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>
<p>1. Article Addressed to:</p> <p>Division of Legal Counsel  Illinois Environmental Protection Agency  1021 N. Grand Ave, East  P.O. Box 19276  Springfield, IL 62794-9276</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>Wann Viles</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)</p>	<p>7008 1140 0001 9187 4973</p>

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

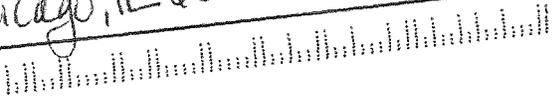
UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

Karen Kavanagh Mack  
Deutsch, Levy & Engel  
225 W. Washington St  
Ste. 1700  
Chicago, IL 60604



tabbles

**EXHIBIT**  
**A**

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>	<p>A. Signature  <input checked="" type="checkbox"/> Addressee  <input type="checkbox"/> Agent</p> <p>B. Received by (Printed Name)          Illinois Environmental Protection Agency          Post Office Box 19276          Springfield, Illinois 62794-9276</p> <p>C. Date of Delivery          JUN 28 2004</p>
<p>1. Article Addressed to:</p> <p>James G. Richardson, Esq.          Assistant General          Illinois Environmental Protection Agency          PO Box 19276          1021 N. Grand Ave East          Springfield, IL 62794-9276</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>W. James Viles</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)</p>	<p>7008 1140 0001 9187 4966</p>

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

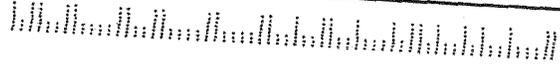
UNITED STATES POSTAL SERVICE



First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

Karen Kavanagh Mack  
 Deutsch, Lem & Engel  
 225 W. Washington St  
 Ste. 1700  
 Chicago, IL 60606



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>	<p>A. Signature  <input checked="" type="checkbox"/> Addressee  <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>John Therriault                      Assistant Clerk                      Illinois Pollution Control Board                      100 West Randolph St, Ste. 11-500                      Chicago, IL 60601-3218</p>	<p>B. Received by (Printed Name)                      J. THERRIAULT</p>	<p>C. Date of Delivery                      6/30/10</p>
<p>2. Article Number                      (Transfer from service label)</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes                      If YES, enter delivery address below: <input checked="" type="checkbox"/> No</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>7008 1140 0001 9187 4980</p>		

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

UNITED STATES POSTAL SERVICE



First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

Karen Kavanagh Mace  
 Deutsch, Levy & Engel  
 225 W. Washington St  
 Ste. 1700  
 Chicago, IL 60606

**BEFORE THE ILLINOIS POLLUTION CONTROL BOARD**

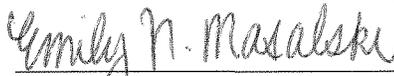
METROPOLITAN PIER AND EXPOSITION	)	
AUTHORITY, an Illinois municipal corporation,	)	
	)	
Petitioner,	)	PCB 10-73
	)	(UST Fund Appeal)
v.	)	
	)	
ILLINOIS ENVIRONMENTAL PROTECTION	)	
AGENCY, an Illinois state agency,	)	
	)	
Respondent.	)	

**PROOF OF SERVICE**

I, Emily N. Masalski, an attorney, certify and state that a true and correct copy of Petitioner's **Amended Notice of Filing, Appearance of Deutsch, Levy & Engel, Chtd., and Petition for Review Underground Storage Tank Fund Reimbursement Determination** was served on Respondent by certified mail, return receipt on June 30, 2010. A copy of the return receipt cards, evidencing delivery, are attached hereto as Exhibit "A."

Respectfully submitted,

METROPOLITAN PIER AND EXPOSITION  
AUTHORITY, an Illinois municipal corporation

  
\_\_\_\_\_  
Emily N. Masalski

Kenneth W. Funk, Esq.  
Karen Kavanagh Mack, Esq.  
Emily N. Masalski, Esq.  
Deutsch, Levy & Engel, Chartered  
225 W. Washington Street, Suite 1700  
Chicago, IL 60606  
(312) 346-1460

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>	<p>Signature: <i>Waven Viles</i></p> <p>1021 North Grand Avenue East Post Office Box 19276 Springfield, Illinois 62794-9276</p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p>	<p>B. Received by (Printed Name) <i>Waven Viles</i>      C. Date of Delivery <i>JUN 30 2010</i></p>
<p>James G. Richardson, Esq. Assistant Counsel Illinois Environmental Protection Agency P.O. Box 19276 1021 North Grand Avenue, East Springfield, IL 62794-9276</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><i>Waven Viles</i></p>
<p>2. Article Number (Transfer from service label)</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>7008 1140 0001 9187 3785</p>	
<p>PS Form 3811, February 2004      Domestic Return Receipt      102595-02-M-1540</p>	

UNITED STATES POSTAL SERVICE

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

Karen Kavanagh Mack  
Deutsch, Levy & Engel, Chtd.  
225 W. Washington, Suite 1700  
Chicago, IL 60606

*W13000-637*

tabbles®

**EXHIBIT**

**A**

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>	<p>A. Signature  <input checked="" type="checkbox"/> Illinois Environmental Protection Agency <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (<i>Printed Name</i>)                  Springfield, Illinois 62794-9276</p> <p>C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p style="margin-left: 40px;">Division of Legal Counsel                  Illinois Environmental Protection Agency                  1021 North Grand Avenue East                  P.O. Box 19276                  Springfield, IL 62794-9276</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 style="font-size: 2em; margin-left: 40px;"><i>Warren Viles</i></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? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>
<p>2. Article Number                  (Transfer from service label)</p>	<p style="text-align: center; font-family: monospace; font-size: 1.2em;">7008 1140 0001 9187 3815</p>
<p>PS Form 3811, February 2004 <span style="margin-left: 150px;">Domestic Return Receipt</span> <span style="float: right;">102595-02-M-1540</span></p>	

UNITED STATES POSTAL SERVICE



First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

Karen Kavanagh Mack  
 Deutsch, Levy & Engel, Chtd.  
 225 W. Washington, Suite 1700  
 Chicago, IL 60606

*MTR000-120*



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 <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:  <p style="text-align: center;">John Therriault Assistant Clerk Illinois Pollution Control Board 100 West Randolph Street, Suite 11-500 Chicago, Illinois 60601-3218</p>	B. Received by (Printed Name) J. THERRIAULT	C. Date of Delivery 6/30/10
2. Article Number (transfer from service label)	D. Is delivery address different from item 1? If YES, enter delivery address below:	
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	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.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (transfer from service label)	7008 1140 0001 9187 3808	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

Karen Kavanagh Mack  
Deutsch, Levy & Engel, Chtd.  
225 W. Washington, Suite 1700  
Chicago, IL 60606

NR000-530