

RECEIVED
CLERK'S OFFICE

NOV 01 2010

STATE OF ILLINOIS
Pollution Control Board

Date: October 29, 2010

To: Illinois Pollution Control Board

Re: AC-11-4 (IEPA NO. 228-10-AC) (Administrative Citation)

From : Karen Allen

ORIGINAL

Attn: Mr. John Therriault

I hope this letter and the copies of the certified mail to Ms. Ryan will be sufficient to show proof of Service.

I, Karen Allen certify that a copy of the petition was delivered on September 27, 2010 to Michelle Ryan (IEPA) and a copy of the petition delivered to Illinois Pollution control Board on October 06, 2010.

Sincerely,

Karen Allen



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ 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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) J. HERRIAULT</p> <p>C. Date of Delivery 10/6/10</p>
<p>1. Article Addressed to: John Therriault 100 West Randolph St. Suite 11-500 Chicago, IL 60601</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input 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>7009 2250 0000 4274 5102</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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<ul style="list-style-type: none"> ■ 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. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Michelle Ryan Springfield, IL 62776</p> <p>C. Date of Delivery SEP 27 2010</p>
<p>1. Article Addressed to: Michelle RYAN 1021 North Broad Ave East P.O. Box 19276 Springfield, IL 62794-9276</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: Warren Viles</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input 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>
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