



ORIGINAL
RETURN TO CLERK'S OFFICE

OFFICE OF THE ATTORNEY GENERAL
STATE OF ILLINOIS

Lisa Madigan
ATTORNEY GENERAL

July 17, 2012

RECEIVED
CLERK'S OFFICE
JUL 20 2012
STATE OF ILLINOIS
Pollution Control Board

John Therriault, Assistant Clerk
Illinois Pollution Control Board
James R. Thompson Center
Suite 11-500
100 West Randolph
Chicago, Illinois 60601

Re: *People v. Edward W. Fisher, Rhonda Fisher and DEM/EX Group Inc.*
PCB No. 13-3

Dear Mr. Therriault:

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.

Sincerely,

A handwritten signature in cursive script that reads "Melissa Cheffy".

Melissa Cheffy
Environmental Bureau
Paralegal
500 South Second Street
Springfield, Illinois 62706

Enclosure

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:

Michael R. Fricke
Cover, Shaw & Evans, LLP
456 Fulton St. Suite 203
Peoria, IL 61602-1220

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Michael R. Fricke* Agent Addressee

B. Received by (Printed Name) *Michael R. Fricke* C. Date of Delivery *7/16/12*

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
(Transfer from service label)

7009 0960 0000 8118 4340

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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:

Rhonda Fisher
7841 Warner Road
Manito, IL 61546

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Rhonda Fisher* Agent Addressee

B. Received by (Printed Name) *Rhonda Fisher* C. Date of Delivery

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
(Transfer from service label)

7009 0960 0000 8118 4326

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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:

Edward W. Fisher, President
DEMEX Group Inc.
7841 Warner Rd.
Manito, IL 61546

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Edward W. Fisher* Agent Addressee

B. Received by (Printed Name) *Edward W. Fisher* C. Date of Delivery

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
(Transfer from service label)

7009 0960 0000 8118 4333

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540