

BEFORE THE ILLINOIS POLLUTION CONTROL BOARD

PEOPLE OF THE STATE OF ILLINOIS,)	
by KWAME RAOUL, Attorney)	
General of the State of Illinois,)	
)	
Complainant,)	
)	
v.)	PCB No. 22-091
)	(Enforcement - Air)
MASAGK, INC., a dissolved Illinois corporation,)	
)	
Respondent.)	
)	

NOTICE OF FILING

To: Persons on Attached Service List

PLEASE TAKE NOTICE that I have today caused to be filed with the Clerk of the Illinois Pollution Control Board by electronic filing the following Proof of Service of Complainant’s Complaint, a true and correct copy of which is attached hereto and hereby served upon you.

PEOPLE OF THE STATE OF ILLINOIS,
KWAME RAOUL, Attorney General of the State of
Illinois

By: /s/ Nancy J. Tikalsky
Nancy J. Tikalsky
Assistant Attorney General
Environmental Bureau
Illinois Attorney General’s Office
69 W. Washington St., 18th Floor
Chicago, Illinois 60602
(872) 272-0776
Nancy.Tikalsky@ilag.gov

Dated: July 8, 2022

Service List

MASAGK, INC.
c/o Peter Nabhani, Registered Agent
77 W. Washington Street, Suite 411
Chicago, IL 60602

MASAGK, INC.
c/o Anila Ahmed, President
12658 S. Ashland Avenue
Calumet Park, IL 60827

CERTIFICATE OF SERVICE

I, Nancy Tikalsky, an Assistant Attorney General, do certify that on this 8th day of July 2022, I caused to be served a copy of the foregoing Notice of Filing and Proof of Service of Complainant's Complaint, upon the person listed on the attached Service List via U.S. Mail.

/s/ Nancy J. Tikalsky
Nancy J. Tikalsky
Assistant Attorney General
Environmental Bureau
Illinois Attorney General's Office
69 W. Washington Street, Suite 1800
Chicago, Illinois 60602
(872) 272-0776
Nancy.Tikalsky@ilag.gov

Electronic Filing Received, Clerk's Office 07/08/2022

USPS TRACKING#



9590 9402 6392 0303 9406 98

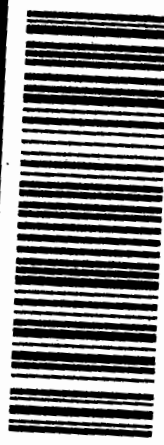
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United States
Postal Service

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

Nancy Tikalsky
Assistant Attorney General
Environmental Bureau
69 West Washington Street, Suite 1800
Chicago, Illinois 60602

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OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.
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<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

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Street and Apt. #	
City, State, ZIP+4	

MASAGK, INC.
c/o Peter Nabhani, Reg. Agent
77 W. Washington St., Suite 411
Chicago, IL 60602

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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1. Article Addressed to:

MASAGK, INC.
c/o Peter Nabhani, Reg. Agent
77 W. Washington St., Suite 411
Chicago, IL 60602



9590 9402 6392 0303 9406 98

2. Article Number (Transfer from service label)

7021 2720 0002 0106 0516

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A. Signature	<input type="checkbox"/> Agent
X	<input type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery

D. Is delivery address different from item 1? Yes
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<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail Restricted Delivery
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
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FAQs

Feedback

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
<ul style="list-style-type: none">■ Complete items 1, 2, and 3.■ 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 x <i>A. Ahmed</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name) <i>A. Ahmed</i> C. Date of Delivery <i>6-29</i></p>												
<p>1. Article Addressed to: MASAGK, INC. c/o Anila Ahmed, President 12658 South Ashland Avenue Calumet Park, IL 60827</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> 9590 9402 6392 0303 9406 81</p> <p>2. Article Number (Transfer from service label) 7021 2720 0002 0106 0523</p>	<p>3. Service Type</p> <table border="0"><tr><td><input type="checkbox"/> Adult Signature</td><td><input type="checkbox"/> Priority Mail Express®</td></tr><tr><td><input type="checkbox"/> Adult Signature Restricted Delivery</td><td><input type="checkbox"/> Registered Mail™</td></tr><tr><td><input checked="" type="checkbox"/> Certified Mail®</td><td><input type="checkbox"/> Registered Mail Restricted Delivery</td></tr><tr><td><input type="checkbox"/> Certified Mail Restricted Delivery</td><td><input checked="" type="checkbox"/> Signature Confirmation</td></tr><tr><td><input type="checkbox"/> Collect on Delivery</td><td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td></tr><tr><td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td><td><input type="checkbox"/> Restricted Delivery</td></tr></table> <p><input type="checkbox"/> Mail Restricted Delivery (500)</p>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Signature Confirmation	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Restricted Delivery
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<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Restricted Delivery												
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>													