

BEFORE THE ILLINOIS POLLUTION CONTROL BOARD

PEOPLE OF THE STATE OF ILLINOIS,)	
)	
Complainant,)	
)	
v.)	PCB No. 23-41
)	(Enforcement - Air)
502 GARFIELD PROPERTIES, LLC)	
a dissolved Illinois limited liability company,)	
d/b/a FOUR SEASONS CITGO, HUSSEIN)	
SALEH, ALI MUSA, and NASWER M. ALI,)	
)	
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 Complaint upon Respondent 502 Garfield Properties, LLC, d/b/a Four Seasons Citgo, on behalf of the People of the State of Illinois, 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/ Cara V. Sawyer
Cara V. Sawyer
Assistant Attorney General
Environmental Bureau
Illinois Attorney General's Office
69 W. Washington St., 18th Floor
Chicago, Illinois 60602
Office: (312) 814-3094
Cell: (773) 758-4583
Primary email: cara.sawyer@ilag.gov
Secondary email: maria.cacaccio@ilag.gov

Date: June 30, 2023

Service List

Brad Halloran
Hearing Officer
Illinois Pollution Control Board
60 E. Van Buren, Suite 630
Chicago, IL 60605
Brad.Halloran@illinois.gov
(Via Email)

Thomas Loukas
Loukas Law LLC
4061 N. Milwaukee Avenue
Chicago, IL 60641
tloukas@loukaslaw.com
(Via Email)


502 Garfield Properties, LLC d/b/a Four Seasons Citgo
c/o Akram Zanayed, Registered Agent
8550 S. Harlem Avenue, Suite G
Bridgeview, IL 60455
(Via U.S. Mail)

CERTIFICATE OF SERVICE


I, Cara V. Sawyer, an Assistant Attorney General, certify that on the 30th day of June, 2023, I caused to be served the foregoing Notice of Filing and Proof of Service of Complaint upon Respondent 502 Garfield Properties, LLC, d/b/a Four Seasons Citgo, on behalf of the People of the State of Illinois, on the parties named on the attached service list by methods described.

/s/ Cara V. Sawyer
Cara V. Sawyer
Assistant Attorney General
Environmental Bureau
Illinois Attorney General's Office
69 W. Washington St., 18th Floor
Chicago, Illinois 60602
Office: (312) 814-3094
Cell: (773) 758-4583
Primary email: cara.sawyer@ilag.gov
Secondary email: maria.cacaccio@ilag.gov

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Ms. Ellen O'Laughlin
Senior Assistant Attorney General
Environmental Bureau
69 West Washington Street, Suite 1800
Chicago, Illinois 60602



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>1 Article Addressed to:</p> <p style="text-align: center;">502 Garfield Properties LLC dba Four Seasons Citgo c/o Akram Zanayed, Registered Agent 8550 S. Harlem Avenue, Suite G Bridgeview, IL 60455</p> <div style="text-align: center;">  <p>9590 9402 7806 2152 7370 59</p> </div> <p>2 Article Number (Transfer from service label) 7021 2720 0002 0106 1384</p>	<p>A. Signature</p> <p>X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p style="text-align: right; margin-right: 50px;">9/17</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>3. Service Type</p> <table style="width: 100%; border: none;"> <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></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<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"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
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PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt																