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SEP 15 2004

STATE OF ILLINOIS
Pollution Control Board

BEFORE THE ILLINOIS POLLUTION CONTROL BOARD
CHAMPAIGN COUNTY, ILLINOIS

MORTON F. DOROTHY,

Complainant,

vs.

No. PCB 05-049

FLEX-N-GATE CORPORATION,
an Illinois Corporation,

Respondent.

PROOF OF SERVICE

The undersigned certifies that, on September 7, 2004, he mailed a copy of the notice and complaint in this case, certified mail, return receipt requested, to the following person, who is the registered agent of Flex-N-Gate Corporation according to the Illinois Secretary of State:

Flex-N-Gate Corporation
Angela M. Brooks
Registered Agent
502 East Anthony Drive
Urbana, Illinois 61802

A copy of the receipt for certified mail and return receipt is attached.

Morton F. Dorothy,

Morton F. Dorothy, Complainant

Morton F. Dorothy
804 East Main
Urbana IL 61802
217/384-1010

U.S. Postal Service™

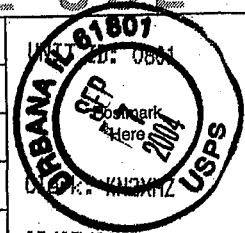
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

URBANA, IL 61802

Postage	\$ 0.83
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.88



Sent To

FLEX-N-GATE, ANGELA M. BROOKS

Street, Apt. No.,
or PO Box No.

City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

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:

FLEX-N-GATE CORPORATION
ANGELA M. BROOKS
REGISTERED AGENT
502 EAST ANTHONY DRIVE
URBANA, IL 61802

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

SEP 7 2004

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

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

- ☐ Yes

7003 0500 0001 7903 9536