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STATE OF ILLINOIS
Pollution Control Board

OFFICE OF THE ATTORNEY GENERAL

STATE OF ILLINOIS

Lisa Madigan

January 3, 2008

ORIGINAL

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

Re:

People of the State of Illinois v. Bob & Linda Stagner

PCB No. 06-174

Dear Mr. Therriault:

Pursuant to section 103.123 of the Procedural Rules of the Illinois Pollution Control Board, the enclosed executed certified mail receipts for Bob D. Stagner and Linda S. Stagner, are 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,

Peggy J. Kingen Environmental Bureau

1 Kingen

Adm. Secretary

500 South Second Street Springfield, Illinois 62706

Enclosure

	COMPLETE THIS SECTION ON DELIVERY
 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 mailplece, or on the front if space permits. 	A. Signature A. Signature
Article Addressed to:	If YES, enter delivery address below:
Bob D. Stagner 5272 Peach Orchard Road Sesser, IL 62884	
	3. Service Type 3. Service Type Express Mail Registered Return Receipt for Merchandise I Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee)
<u></u>	
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.	A. Signature A. Signature A. Signature Addressee B. Received by (Printed Name) C. Date of Delivery
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,	A. Signature X Inda S Stagne Agent Addressee B. Received by (Printed Name) C. Date of Delivery LINDA S STAGNER 5-13-06
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse	A. Signature A. Signature Agent Addressee B. Received by (Printed Name) C. Date of Delivery
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: Linda S. Stagner 5272 Peach Orchard Road	A. Signature X And S Adage B. Received by (Printed Name) C. Date of Delivery LINDA S STAGNER 5-/3-06 D. Is delivery address different from Item 1? Yes If YES, enter delivery address below: No 3. Service Type Certified Mail
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. Article Addressed to: Linda S. Stagner 5272 Peach Orchard Road Sesser, IL 62884	A. Signature X. A. Signature X. A. Signature X. A. Signature Addressee B. Received by (Printed Name) C. Date of Delivery Addressee C. Date of Delivery Addressee B. Received by (Printed Name) C. Date of Delivery Yes If YES, enter delivery address below: No 3. Service Type Acertified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee)
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. Article Addressed to: Linda S. Stagner 5272 Peach Orchard Road	A. Signature X And S Angent Addressee B. Received by (Printed Name) C. Date of Delivery LNDA S STAGNER 5 - /3 - 06 D. Is delivery address different from item 1?

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