


CERTIFICATE OF SERVICE

The undersigned hereby certifies that true and correct copies of the Notice of Filing, together with copies of the documents described above, were served upon the above-named Respondent by enclosing same in an envelope addressed to said Respondent, certified mail, return receipt requested, and by depositing said envelopes in a U.S. Post Office Mail Box at Chicago, Illinois, with postage fully prepaid on the 23rd day of January, 2008.


Special Assistant Attorney General

Kenneth W. Funk
Karen Kavanagh Mack
Deutsch, Levy & Engel, Chartered
Special Assistant Attorneys General
225 W. Washington Street, Suite 1700
Chicago, IL 60606
(312) 346-146
Firm No. 90235

JAN 23 2008

STATE OF ILLINOIS
Pollution Control Board

ILLINOIS STATE TOLL HIGHWAY)
AUTHORITY (Belvidere Oasis- South Side CACR))

Petitioner,)

v.)

ILLINOIS ENVIRONMENTAL PROTECTION)
AGENCY,)

Respondent.)

PCB - 08-041
(UST Appeal)

PROOF OF SERVICE

I, Karen Kavanagh Mack, an attorney, certify and state that a true and correct copy of Petitioner's **Petition for Review of Agency Rejection of High Priority Corrective Action Completion Report for Belvidere Oasis - South Side** was served on Respondent by certified mail, return receipt on December 28, 2007. A copy of the return receipt cards, evidencing delivery, are attached hereto as Exhibit "A."

Respectfully Submitted,

THE ILLINOIS STATE TOLL
HIGHWAY AUTHORITY



Karen Kavanagh Mack
Special Assistant Attorney General

Kenneth W. Funk, Esq.
Karen Kavanagh Mack, Esq.
Special Assistant Attorneys General
Deutsch, Levy & Engel, Chartered
225 W. Washington Street
Suite 1700
Chicago, IL 60606
(312) 346-1460

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:

Division of Legal Counsel
IEPA
1021 North Grand Ave East
P.O. Box 19276
Springfield, IL 62794

2. Article Number

(Transfer from service label)

7005 3110 0002 5478 2036

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154C

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

RECEIVEDD. Is delivery address different from item 1? YesIf YES, enter delivery address below: No**MAIL ROOM**

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

 Yes**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:

Douglas P. Scott, Director
IEPA
1021 North Grand Ave. East
P.O. Box 19276
Springfield, IL 62794

2. Article Number

(Transfer from service label)

7005 3110 0002 5478 2043

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

RECEIVEDD. Is delivery address different from item 1? YesIf YES, enter delivery address below: No

DEC 28 2007

MAIL ROOM

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

 Yes

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

Emily N. Masalski
DLEC
225 W. Washington St.
Suite 1700
Chicago, IL 60606

CD14



UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

Emily N. Masalski
DLEC
225 W. Washington St.
Suite 1700
Chicago, IL 60606

CD14

