

CERTIFICATE OF SERVICE

PCS 10-13

I, the undersigned, on oath or affirmation, state that on (month, day, year) 8-5-2009, I served the attached formal complaint and notice on the respondent by: (check appropriate line)

- certified mail (attach copy of receipt if available, otherwise you must file receipt later with Clerk)
- registered mail (attach copy of receipt if available, otherwise you must file receipt later with Clerk)
- messenger service (attach copy of receipt if available, otherwise you must file receipt later with Clerk)
- personal service (attach affidavit if available, otherwise you must file affidavit later with Clerk)

at the address below:

RESPONDENT'S ADDRESS:

Name Com Ed with Frank Clark - Tim Johnson
 Street 440 S LaSalle
 City, state, zip code Chicago IL 60605-1028
 (list each respondent's name and address if multiple respondents)

ORIGINAL

[Signature]
Complainant's signature

Street 9251 Latrose
 City, state, zip code Skokie IL 60077

Subscribed to and sworn before me this 14th day of August, 2009.

R. Patel
Notary Public



My commission expires: 10/05/2009

Sincerely,

[Click here and type your name]

RECEIVED
 CLERK'S OFFICE
 SEP 02 2009
 STATE OF ILLINOIS
 Pollution Control Board


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:

Conn E J
 977N Frank Clark
 440 S LaSalle
 Chicago, IL
 60605-1028

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent Addressee

B. Received by (Printed Name) **J. PRADO** C. Date of Delivery **8-7-09**

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

2. Article Number
 (Transfer from service label)

7009 0960 0000 2054 3818

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

7009 0960 0000 2054 3818

Postage	\$ 00.61
Certified Fee	\$2.80
Return Receipt Fee (Endorsement Required)	\$2.30
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 05.71

0077
 19
 Postmark
 Here
 08/05/2009

Sent to
 Street, Apt. No.,
 or PO Box No.
 City, State, ZIP+4