



OFFICE OF THE ATTORNEY GENERAL  
STATE OF ILLINOIS

RECEIVED  
CLERK'S OFFICE  
APR 29 2010  
STATE OF ILLINOIS  
Pollution Control Board

Lisa Madigan  
ATTORNEY GENERAL

April 27, 2010

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. Professional Swine Management, et al.***  
**PCB No. 10-84**

Dear Mr. Therriault:

Pursuant to Section 103.123 of the Procedural Rules of the Illinois Pollution Control Board, the enclosed executed certified mail receipts 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,

A handwritten signature in cursive script that reads "Peggy J. Poitevint".

Peggy J. Poitevint  
Environmental Bureau  
Adm. Secretary  
500 South Second Street  
Springfield, Illinois 62706

Enclosure

**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:

Mr. John Thomas, R.A.  
 Egel Point, LLC  
 6767 Milwaukee Ave. #201  
 Niles, IL 60714

## 2. Article Number

(Transfer from service label)

7009 0960 0000 8118 0601

**COMPLETE THIS SECTION ON DELIVERY**

## A. Signature

X


 Agent Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

4/19

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

**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:

Ed Dwyer  
 Hodge Dwyer Criver  
 3150 Roland Ave., P.O. 5776  
 Springfield, IL 62705

## 2. Article Number

*(Transfer from service lab)*

7009 0960 0000 8118 0649

**COMPLETE THIS SECTION ON DELIVERY**

## A. Signature

X *Michael Patterson Jr.*

- Agent  
 Addressee

## B. Received by (Printed Name)

*Michael Patterson Jr.*

## C. Date of Delivery

*4-22-10*

- 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

**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:

Dr. William L. Hollis  
 34 W. Main Street, Box 220  
 Carthage, IL 62321

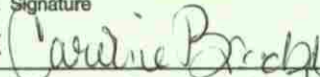
2. Article Number

(Transfer from service label)

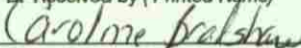

 7009 0960 0000 8178 0632
**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

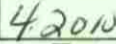
X


 Agent Addressee

B. Received by (Printed Name)



C. Date of Delivery


D. Is delivery address different from item 1?  YesIf 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

## 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:

Mr. Rober L. Rhea, R.A.  
North Fork Pork, LLC  
106 E. State Street  
Camp Point, IL 62320

## 2. Article Number

(Transfer from service label)

7009 0960 0000 8118 0618

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

x Sherry Moore

- Agent  
 Addressee

## B. Received by (Printed Name)

Sherry Moore

## C. Date of Delivery

4/19/10

## 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

**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:

Gary Donley, R.A.  
 Hilltop View, LLC  
 34 W. Main St., Box 220  
 Carthage, IL 62321

## 2. Article Number

(Transfer from service label)

7009 0960 0000 8118 0663

**COMPLETE THIS SECTION ON DELIVERY**

## A. Signature

X *Caroline Bradshaw*

- Agent  
 Addressee

## B. Received by (Printed Name)

*Caroline Bradshaw*

## C. Date of Delivery

*4-20-10*

- 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



**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:

Dr. Joseph F. Connor, R.A.  
 Prof. Swine Management  
 34 W. Main St., Box 220  
 Carthage, IL 62321

## 2. Article Number

(Transfer from service label)

7009 0960 0000 8118 0625

**COMPLETE THIS SECTION ON DELIVERY**

## A. Signature

X   Agent  
 Addressee

## B. Received by (Printed Name)

Caroline Bradshaw

## C. Date of Delivery

4-20-10

- 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

**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:

Matt Bradshaw  
 Twin Valley Pumping, Inc.  
 27701 U.S Highway 54  
 Griggsville, IL 62340

## 2. Article Number

(Transfer from service label)

7009 0960 0000 8118 0656

**COMPLETE THIS SECTION ON DELIVERY**

## A. Signature

X



- 
- Agent
- 
- 
- Addressee

## B. Received by (Printed Name)

Lori Bradshaw

## C. Date of Delivery

4-17-10

- 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