



OFFICE OF THE ATTORNEY GENERAL
STATE OF ILLINOIS

Lisa Madigan
ATTORNEY GENERAL

May 6, 2010

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CLERK'S OFFICE
MAY 10 2010
STATE OF ILLINOIS
Pollution Control Board

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. Illinois Fuel Company, LLC
PCB No. 10-86

Dear Mr. Therriault:

Pursuant to Section 103.123 of the Procedural Rules of the Illinois Pollution Control Board, the enclosed executed certified mail receipt is 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. Poitevint
Environmental Bureau
Adm. Secretary
500 South Second Street
Springfield, Illinois 62706

Enclosure

RECEIVED
CLERK'S OFFICE
MAY 27 2010

STATE OF ILLINOIS
Division Control Board

ORIGINAL

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ 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.		<p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) RECEIVED APR 27 2010</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No CT SOP DEPT</p>	
1. Article Addressed to: Illinois Fuel Company, LLC c/o C T Corporation System, RA 208 S. LaSalle St., Ste. 814 Chicago, IL 60604		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
		7009 0960 0000 8118 0670	

PS Form 3811, February 2004

Domestic Return Receipt

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