



OFFICE OF THE ATTORNEY GENERAL  
STATE OF ILLINOIS

Lisa Madigan  
ATTORNEY GENERAL

August 29, 2011

RECEIVED  
CLERK'S OFFICE  
SEP 01 2011  
STATE OF ILLINOIS  
Pollution Control Board

ORIGINAL

John T. Therriault, Assistant Clerk  
Illinois Pollution Control Board  
State of Illinois Center  
100 West Randolph  
Chicago, Illinois 60601

Re: **People v. Six M. Corporation**  
**PCB 12-35**

Dear Clerk:

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.

Very truly yours,

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

Peggy J. Poitevint  
Adm. Secretary  
Environmental Bureau  
500 South Second Street  
Springfield, Illinois 62706  
(217) 782-9031

Enclosures

**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:

Six M. Corporation Inc.  
 c/o William Maxwell, R.A.  
 430 West Clinton Ave.  
 Farmer City, IL 61842

## 2. Article Number

(Transfer from service label)

7009 0960 0000 8118 4067

**COMPLETE THIS SECTION ON DELIVERY**

## A. Signature

*x Tom Maxwell*  Agent  
 Addressee

## B. Received by (Printed Name)

Tom Maxwell

## C. Date of Delivery

8-26-11

- 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:

William Maxwell  
 430 West Clinton Ave.  
 Farmer City, IL 62842

## 2. Article Number

(Transfer from service label)

7009 0960 0000 8118 4074

**COMPLETE THIS SECTION ON DELIVERY**

## A. Signature

X Tom Maxwell  Agent  
 Addressee

## B. Received by (Printed Name)

Tom Maxwell

## C. Date of Delivery

11-26-11

- 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:

Marilyn Maxwell  
 430 W. Clinton Avenue  
 Farmer City, IL 62842

## 2. Article Number

(Transfer from service label)

7009 0960 0000 8118 4081

**COMPLETE THIS SECTION ON DELIVERY**

## A. Signature

X *Tom Maxwell*  Agent  
 Addressee

## B. Received by (Printed Name)

TOM MAXWELL

## C. Date of Delivery

8/26/11

- 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