

BEFORE THE ILLINOIS POLLUTION CONTROL BOARD

In the Matter of:)	
)	
SIERRA CLUB,)	
)	
)	
Complainant,)	
)	PCB No - 2019 - 078
v.)	[For Board use only]
)	
ILLINIOS POWER GENERATING)	
COMPANY, ILLINOIS POWER)	
RESOURCES GENERATING, LLC,)	
ELECTRIC ENERGY, INC., and VISTRA)	
ENERGY CORPORATION,)	
)	
Respondents.)	

NOTICE OF ELECTRONIC FILING

Please take notice that on January 25th, 2019, I electronically filed with the Clerk of the Illinois Pollution Control Board (“Board”) a formal PROOF OF SERVICE, copies of which are served on you along with this notice. If you have any questions about this procedure, you should contact the hearing officer assigned to this proceeding, or the Clerk’s Office.

/s/ Greg Wannier
Gregory E. Wannier
2101 Webster St., Ste. 1300
Oakland, CA 94612
(415) 977-5646
greg.wannier@sierraclub.org

Attorneys for Sierra Club

Dated: January 25th, 2019.

BEFORE THE ILLINOIS POLLUTION CONTROL BOARD

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SIERRA CLUB,)	
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ILLINIOS POWER GENERATING)	
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ELECTRIC ENERGY, INC., and VISTRA)	
ENERGY CORPORATION,)	
)	
Respondents.)	

PROOF OF SERVICE

Pursuant to Section 101.304 (d) of the Board’s rules, please find attached copies of the return receipts requested for Vistra Energy Corporation, Illinois Power Resources Generating LLC, Electric Energy Incorporated, Illinois Power Generating Co., and the Clerk of Illinois Pollution Control Board, as documentation that Complainant’s complaint in PCB 2019-078, attached below, was timely served on and received by the Respondents on January 11th, 2018.

Respectfully submitted,



Gregory E. Wannier
2101 Webster St., Ste. 1300
Oakland, CA 94612
(415) 977-5646
greg.wannier@sierraclub.org

Attorneys for Sierra Club

Dated: January 25th, 2019

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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OFFICIAL USE

7017 2400 0000 5915 5040

Certified Mail Fee \$ _____ Extra Services & Fees (check box, add fee as appropriate) <input type="checkbox"/> Return Receipt (hardcopy) \$ _____ <input type="checkbox"/> Return Receipt (electronic) \$ _____ <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ <input type="checkbox"/> Adult Signature Required \$ _____ <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____ Postage \$ _____ Total Postage and Fees \$ _____	Postmark Here
Sent To VISTRA ENERGY CORP. Street and Apt. No., or PO Box No. _____ City, State, ZIP+4® 655 SIERRA DR. IRVING, TX - 75039	

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ 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. 	A. Signature X <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: <p style="text-align: center; font-size: 1.2em;">VISTRA ENERGY CORP. 655 SIERRA DR. IRVING, TX - 75039</p>	B. Received by (Printed Name) FRANK MOLERA
2. Article Number (Transfer from service label) <p style="text-align: center; font-size: 1.2em;">7017 2400 0000 5915 5040</p>	C. Date of Delivery 12-21-18 D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input checked="" type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Registered Mail Restricted Delivery (500)	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
9590 9403 0606 5183 6692 09 	
PS Form 3811, April 2015 PSN 7530-02-000-9053	Domestic Return Receipt

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

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OFFICIAL USE

Certified Mail Fee
 \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage
 \$ _____

Total Postage and Fees
 \$ _____

Sent To
IPRG LLC
 Street and Apt. No., or PO Box No.
601 Travis St., Ste 1400
 City, State, ZIP+4®
Houston, TX 77002

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7017 2400 0000 5915 5026

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:
IPRG LLC
601 TRAVIS STREET
SUITE 1400
HOUSTON, TX - 77002

2. Article Number (Transfer from service label)
7017 2400 0000 5915 5026

3. Service Type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Insured Mail

Registered Mail Restricted Delivery (over \$500)

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Return Receipt for Merchandise

Signature Confirmation™

Signature Confirmation Restricted Delivery

Barcode: 9590 9403 0806 5183 6691 86

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name)
George Bibb

C. Date of Delivery
12-26-18

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

Domestic Return Receipt

7017 2400 0000 5915 5033

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees \$	
Sent To Electric Energy Inc. Street and Apt. No., or PO Box No. 2100 Portland Rd City, State, ZIP+4® Joppa, IL 62953-0165	

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ 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 <i>Melissa Halcom</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Melissa Halcom</i></p> <p>C. Date of Delivery <i>1/24</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>																
<p>1. Article Addressed to: ELECTRIC ENERGY INC. 2100 PORTLAND RD. JOPPA, IL 62953-0165</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
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<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
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<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																	
<p>2. Article Number (Transfer from service label) 7017 2400 0000 5915 5033</p>																	
PS Form 3811, April 2015 PSN 7530-02-000-9053	Domestic Return Receipt																

CUSTOMER USE ONLY

FROM: (PLEASE PRINT) PHONE (415) 977-5629
AKRITI BHARGAVA
SIERRA CLUB
2101 WEBSTER STREET, STE. 1300
OAKLAND, CA 94612



EK 324583575 US



UNITED STATES
POSTAL SERVICE®

**PRIORITY
★ MAIL ★
EXPRESS™**

PAYMENT BY ACCOUNT (If applicable)
 USPS® Corporate Acct. No. Federal Agency Acct. No. or Postal Service™ Acct. No.

DELIVERY OPTIONS (Customer Use Only)

SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.
 Delivery Options
 No Saturday Delivery (delivered next business day)
 Sunday/Holiday Delivery Required (additional fee, where available*)
 10:30 AM Delivery Required (additional fee, where available*)
 *Refer to USPS.com® or local Post Office™ for availability.

TO: (PLEASE PRINT) PHONE ()
ILLINOIS POWER GENERATING CO.
601 TRAVIS STREET, STE 1400
HOUSTON, TX

ZIP + 4® (U.S. ADDRESSES ONLY)
7 7 0 0 2 -

- For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
- \$100.00 insurance included.

ORIGIN (POSTAL SERVICE USE ONLY)

<input type="checkbox"/> 1-Day	<input type="checkbox"/> 2-Day	<input type="checkbox"/> Military	<input type="checkbox"/> DPO
PO ZIP Code	Scheduled Delivery Date (MM/DD/YY)	Postage	
		\$	
Date Accepted (MM/DD/YY)	Scheduled Delivery Time <input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM <input type="checkbox"/> 12 NOON	Insurance Fee	COD Fee
		\$	\$
Time Accepted <input type="checkbox"/> AM <input type="checkbox"/> PM	10:30 AM Delivery Fee	Return Receipt Fee	Live Animal Transportation Fee
	\$	\$	\$
Weight <input type="checkbox"/> Flat Rate	Sunday/Holiday Premium Fee	Total Postage & Fees	
lbs. ozs.	\$	\$	
	Acceptance Employee Initials		
		\$	

DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt (MM/DD/YY)	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Delivery Attempt (MM/DD/YY)	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature

WRITE FIRMLY TO MAKE ALL COPIES LEGIBLE.

Electronic Filing: Received, Clerk's Office 1/25/2019



FAQs > (<https://www.usps.com/faqs/uspstracking-faqs.htm>)

Track Another Package +

Tracking Number: EK324583595US

Remove X

Your item was delivered at 8:08 am on January 11, 2019 in HOUSTON, TX 77002 to Late Express. The item was signed for by G BIBB.

Delivered

January 11, 2019 at 8:08 am
Delivered
HOUSTON, TX 77002

Get Updates

Text & Email Updates

Proof of Delivery

Tracking History

January 11, 2019, 8:08 am
Delivered
HOUSTON, TX 77002

Your item was delivered at 8:08 am on January 11, 2019 in HOUSTON, TX 77002 to Late Express. The item was signed for by G BIBB.

January 10, 2019, 1:00 pm
Notice Left (No Authorized Recipient Available)
HOUSTON, TX 77002

January 10, 2019, 12:43 pm
Available for Pickup
HOUSTON, TX 77002

January 10, 2019, 12:33 pm
Out for Delivery
HOUSTON, TX 77002

January 10, 2019, 11:07 am
Arrived at Post Office
HOUSTON, TX 77002

January 10, 2019, 8:15 am
Arrived at USPS Regional Facility
NORTH HOUSTON TX DISTRIBUTION CENTER

January 9, 2019
In Transit to Next Facility

January 8, 2019, 7:57 pm
Arrived at USPS Regional Facility
OAKLAND CA DISTRIBUTION CENTER

Product Information

Feedback

7017 2400 0000 5915 5019

U.S. Postal Service™
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For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$ _____	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total Postage and Fees \$ _____	

Sent To 1PCB Clerk

Street and Apt. No., or PO Box No. 100 W Randolph St., Ste 11-500

City, State, ZIP+4® Chicago 60601

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

Electronic Filing: Received, Clerk's Office 1/25/2019



FAQs > (<https://www.usps.com/faqs/uspstracking-faqs.htm>)

Track Another Package +

Tracking Number: 7017240000059155019

Remove X

Your item was picked up at a postal facility at 7:16 am on December 24, 2018 in CHICAGO, IL 60604.

Delivered

December 24, 2018 at 7:16 am
Delivered, Individual Picked Up at Postal Facility
CHICAGO, IL 60604

Get Updates

Text & Email Updates

Tracking History

December 24, 2018, 7:16 am
Delivered, Individual Picked Up at Postal Facility
CHICAGO, IL 60604
Your item was picked up at a postal facility at 7:16 am on December 24, 2018 in CHICAGO, IL 60604.

December 21, 2018, 12:48 pm
Available for Pickup
CHICAGO, IL 60601

December 21, 2018, 12:47 pm
Available for Pickup
CHICAGO, IL 60601

December 21, 2018, 12:30 pm
Arrived at Unit
CHICAGO, IL 60699

December 21, 2018, 12:19 am
Departed USPS Regional Facility
CHICAGO IL DISTRIBUTION CENTER

December 20, 2018, 11:50 am
Arrived at USPS Regional Facility
CHICAGO IL DISTRIBUTION CENTER

December 19, 2018
In Transit to Next Facility

December 18, 2018, 9:50 pm
Arrived at USPS Regional Facility
OAKLAND CA DISTRIBUTION CENTER

Product Information

See Less

Feedback

CERTIFICATE OF SERVICE

I hereby certify that the foregoing Notice of Electronic Filing and Proof of Service were served to all parties of record listed below by Electronic mail and USPS Certified Mail on January 25th, 2019.

Respectfully submitted,



Gregory E. Wannier
2101 Webster St., Ste. 1300
Oakland, CA 94612
(415) 977-5646
greg.wannier@sierraclub.org

Attorneys for Sierra Club

Via Electronic Mail:

Clerk of Illinois Pollution Control Board
James R. Thompson Center
100 W. Randolph Street
Suite 11-500
Chicago, IL 60601
don.brown@illinois.gov

Via USPS Certified Mail.

Illinois Power Resources Generating LLC
601 Travis Street
Suite 1400
Houston, TX 77002

Electric Energy Incorporated
2100 Portland Road
Joppa, IL 62953-0165

Vistra Energy Corporation
655 Sierra Drive
Irving, TX 75039

Illinois Power Generating Company
601 Travis Street
Suite 1400
Houston, TX 77002