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STATE OF ILLINOIS  
Pollution Control Board

**OFFICE OF THE ATTORNEY GENERAL**  
STATE OF ILLINOIS

**Lisa Madigan**  
ATTORNEY GENERAL

October 30, 2006

Dorothy Gunn, 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. Provena Hospitals, et al.***  
**PCB No. 07-28**

Dear Ms. Gunn:

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 black ink, appearing to be "Thomas Davis", written over a horizontal line.

**Thomas Davis, Chief**  
**Environmental Bureau**  
**Assistant Attorney General**  
**500 South Second Street**  
**Springfield, Illinois 62706**

TD/pp  
Enclosure

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>K. Hardy</i>	
1. Article Addressed to:  Edward R. Gower Attorney at Law 400 South Ninth St., Ste. 200 Springfield, IL 62701-1908	B. Received by (Printed Name) <i>[Signature]</i>	C. Date of Delivery 10/25/08
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	7005 1820 0008 2242 8911	
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		

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1. Article Addressed to:  Patricia M. Gibson Chancellor Diocese of Peoria 412 North East Madison Avenue Peoria, IL 61603-3720	B. Received by (Printed Name) <i>M. Miller</i>	C. Date of Delivery 10-23-06
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	7005 1820 0008 2242 8928	
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		