



**RECEIVED**  
CLERK'S OFFICE

NOV 01 2006

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

**STATE OF ILLINOIS**  
Pollution Control Board

**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. Pinnacle Genetics, LLC et al.***  
**PCB No. 07-29**

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 read "Jane E. McBride".

**Jane E. McBride**  
Environmental Bureau  
Assistant Attorney General  
500 South Second Street  
Springfield, Illinois 62706

JEM/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 type="checkbox"/> Agent X <u>Clawora Wascher</u> <input checked="" type="checkbox"/> Addressee	
	B. Received by ( <i>Printed Name</i> )	C. Date of Delivery <u>10/21/06</u>
1. Article Addressed to:  Joseph F. Connor, Registered Agent Professional Swine Management LLC 34 West Main Street P.O. Box 220 Carthage, IL 62321	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 ( <i>Transfer from service label</i> )	<u>7005 1820 0008 2242 8898</u>	
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? ( <i>Extra Fee</i> ) <input type="checkbox"/> Yes		

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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 type="checkbox"/> Agent X <u>Brandi Dever</u> <input checked="" type="checkbox"/> Addressee	
	B. Received by ( <i>Printed Name</i> )	C. Date of Delivery <u>10/26/06</u>
1. Article Addressed to:  Gary L. Donley, Registered Agent Pinnacle Genetics, LLC 106 E. State Street P.O. Box 467 Camp Point, IL 62320	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No  <u>PO Box 220</u>	
2. Article Number ( <i>Transfer from service label</i> )	<u>7005 1820 0008 2242 8904</u>	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merc. <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? ( <i>Extra Fee</i> ) <input type="checkbox"/> Yes		

PS Form 3811, February 2004 Domestic Return Receipt 102595