



OFFICE OF THE ATTORNEY GENERAL
STATE OF ILLINOIS

Lisa Madigan
ATTORNEY GENERAL

July 29, 2011

RECEIVED
CLERK'S OFFICE
AUG 02 2011
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 v. Aktivty Packaging, Intra-Plant Maintenance, Ironhustler
Excavating and Ron Bright***
PCB No. 12-21

Dear Mr. Therriault:

Pursuant to Section 103.123 of the Procedural Rules of the Illinois Pollution Control Board, the enclosed executed certified mail receipts for each of the above Defendants 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,

Peggy J. Poitevint
Environmental Bureau
Adm. Secretary
500 South Second Street
Springfield, Illinois 62706

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:

Ironhustler Excavating, Inc.
 c/o William H. Campbell, R.A.
 401 Main Street, Ste. 1600
 Peoria, IL 61602

2. Article Number

(Transfer from service label)

7009 0960 0000 8118 4036

COMPLETE THIS SECTION ON DELIVERY

A. Signature

xx *Kristina Zilch* Agent
 Addressee

B. Received by (Printed Name)

Kristina Zilch C. Date of Delivery

C. Date of Delivery

7/27/11

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:

Ron Bright
d/b/a Quarter Constr.
10731 Levy Road
Tremont, IL 61568

2. Article Number

(Transfer from service label)

7009 0960 0000 8118 4043

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Ron Bright

-
- Agent
-
-
- Addressee

B. Received by (Printed Name)

Ron Bright

C. Date of Delivery

7/27/11

- 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:

Intr-Plant Maintenance Corp.
 c/o Gregory A. Mescher, RA
 108 S. Wood St.
 Washington, IL 61571

2. Article Number

(Transfer from service label)

7009 0960 0000 8118 4029

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X  Agent
 Addressee

B. Received by (Printed Name)

Patricia Benker

C. Date of Delivery

7/27

- 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:

Altivity Packaging, LLC
 c/o Illinois Corporation Service
 801 Adlai Stevenson Drive
 Springfield, IL 62703

2. Article Number

(Transfer from service label)

7009 0960 0000 8118 4012

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Tom Jarvis

 Agent Addressee

B. Received by (Printed Name)

Tom Jarvis

C. Date of Delivery

JUL 27 2011

D. Is delivery address different from item 1? YesIf 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