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OCT 31 2011

STATE OF ILLINOIS
Pollution Control Board

FACSIMILE/TELECOPIER TRANSMISSION

From: Name: Katharine Falahee
Voice:

To: Name: 312-814-3669
Company: Illinois Pollution Control Board
Facsimile#: 312-814-3669
Voice Phone:
Subject: PCB No. 2012-050 Notice of Filing (Proof of Service)

Date: 10/31/2011 **Time:** 2:46:18 PM **No. Pages (Including Cover):** 7

Message:

Mr. Therriault:

ORIGINAL

As you requested, please find attached receipts demonstrating proof of service on respondents.

* * * * *
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BEFORE THE ILLINOIS POLLUTION CONTROL BOARD

In The Matter Of:)
)
COMMONWEALTH EDISON CO.,)
)
Complainant,)
)
 v.)
)
FREDERICK K. SLAYTON, ANN VOLE)
SLAYTON and CIONI EXCAVATING,)
INC.)
)
Respondents.)

PCB NO. 2012 - 050

NOTICE OF FILING

To: John T. Therriault
Assistant Clerk Illinois Pollution Control Board

Re: Proof of Service

Dear Mr. Therriault:

Per your request, attached please find receipts demonstrating proof of service on the following respondents:

Frederick K. Slayton
210 W. Walker
Highland Park, IL 60035


Ann Vole Slayton
210 W. Walker
Highland Park, IL 60035

Cioni Excavating, Inc.
70 Noll Street
Waukegan, IL 60085

Cioni Excavating, Inc.
Attn: William Mosconi
707 Skokie Boulevard
Suite 410
Northbrook, IL 6006

Respectfully submitted,

Commonwealth Edison Co.

BY: 

Alan P. Bielawski
William G. Dickett
Katharine B. Falahee
Sidley Austin LLP
1 South Dearborn
Chicago, IL 60603

Counsel for Commonwealth Edison Co.

October 31, 2011


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <i>[Signature]</i> 6E009-70 Agent <input type="checkbox"/> Addressee <input type="checkbox"/></p> <p>B. Received by (Printed Name) <i>ROD SLAYTON</i></p> <p>C. Date of Delivery <i>10/31/11</i></p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address <i>Highland Park, IL</i> <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Frederick K. Slayton 210 W. Walker Highland Park, IL 60035</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p style="text-align: center;">7004 2510 0004 2353 1939</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
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OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To
Frederick K. Slayton

Street, Apt. No., or PO Box No.
210 W. Walker

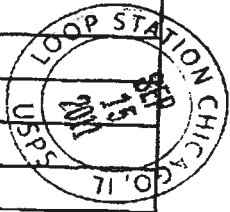
City, State, ZIP+4
Highland Park, IL 60035


PS Form 3800, June 2002 See Reverse for Instructions

7004 2510 0004 2353 1939

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="text-align: center;">Ann Vole Slayton 210 W. Walker Highland Park, IL 60035</p>	<p>A. Signature <i>[Signature]</i></p> <p>B. Received by (Printed Name) <i>ROD SCHAEFER</i></p> <p>C. Date of Delivery <i>11/01/11</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below.</p> <p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p style="text-align: center;">7004 2510 0004 2353 1946</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

7004 2510 0004 2353 1946

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees \$	 Postmark Here
Sent To <i>Ann Vole Slayton</i> Street, Apt. No., or PO Box No. <i>210 W. WALKER</i> City, State, ZIP+4 <i>Highland Park, IL 60035</i>	
PS Form 3800, June 2002 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. 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. 	<p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Cioni Excavating, Inc. 70 Noll Street Waukegan, IL 60085</p>	<p>B. Received by (Printed Name) <u>D. Hark</u> C. Date of Delivery <u>9-16-11</u></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>2. Article Number (Transfer from service label)</p>	<p>3. Service Type</p> <p><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.</p>
<p>7004 2510 0004 2353 1953</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15*

7004 2510 0004 2353 1953

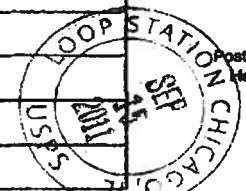
U.S. Postal Service
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OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here



Sent To Cioni Excavating, Inc.
Street, Apt. No., or PO Box No. 70 Noll Street
City, State, ZIP+4 Waukegan, IL 60085

PS Form 3800 June 2002 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. 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. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Alle Katz</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Alle Katz</i> C. Date of Delivery <i>9-16-11</i></p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Cioni Excavating, Inc. Attn: William Mosconi 707 Skokie Boulevard Suite 410 Northbrook, IL 60062</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>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.</p>
<p>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p style="text-align: center;">7004 2510 0004 2353 1960</p>

PS Form 3811, February 2004

Domestic Return Receipt

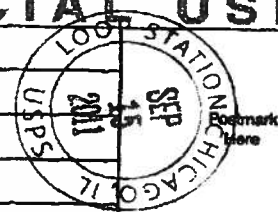
102595-02-M-1540

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

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Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	



<small>Sent To</small>	<i>William Mosconi / Cioni Excavating</i>	
<small>Street, Apt. No. or PO Box No.</small>	<i>707 Skokie Boulevard, Suite 410</i>	
<small>City, State, ZIP+4</small>	<i>Northbrook, IL 60062</i>	

PS Form 3800, June 2002 See Reverse for Instructions

7004 2510 0004 2353 1960