



OFFICE OF THE ATTORNEY GENERAL
STATE OF ILLINOIS

Lisa Madigan
ATTORNEY GENERAL

August 6, 2013

RECEIVED
CLERK'S OFFICE

AUG 08 2013

STATE OF ILLINOIS
Pollution Control Board

John Therriault, Assistant Clerk
Illinois Pollution Control Board
James R. Thompson Center
Suite 11-500
100 West Randolph
Chicago, Illinois 60601

Re: *People v. Donley Trucking*
PCB No. 14-14

 **ORIGINAL**

Dear Mr. Therriault:

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 cursive script that reads "Linda Henry".

Linda Henry
Environmental Bureau
Administrative Secretary
500 South Second Street
Springfield, Illinois 62706

Enclosure

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>T. Donley</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (<i>Printed Name</i>) _____ C. Date of Delivery <u>8/5/13</u></p>
<p>1. Article Addressed to:</p> <p>Todd Donley Vice President Donley Trucking, Inc. 8998 W. Outer Road Williamsville, IL 62693</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) <u>7011 2970 0003 6446 8057</u></p>	<p>4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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>T. Donley</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (<i>Printed Name</i>) _____ C. Date of Delivery <u>8/5/13</u></p>
<p>1. Article Addressed to:</p> <p>Gail F. Newingham Registered Agent for Donley Trucking P.O. Box 13 I-55 Frontage Road South Williamsville, IL 62693</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) <u>7011 2970 0003 6446 8040</u></p>	<p>4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	