



**Service List**

Akram Zanayed  
Registered Agent  
WESTMONT CITGO, INC.  
8550 S. Harlem Avenue, Suite G  
Bridgeview, Illinois 60455  
(Via Certified Mail with Return Receipt)

**CERTIFICATE OF SERVICE**

I, Kevin Garstka, as Assistant Attorney General, do certify that on this 1<sup>st</sup> day of March 2022, I caused to be served a copy of the foregoing Notice of Filing and Proof of Service of Complainant's Complaint, upon the person listed on the attached Service List via U.S. Mail.

/s/ Kevin Garstka  
Kevin Garstka  
Assistant Attorney General  
Environmental Bureau  
Illinois Attorney General's Office  
69 W. Washington Street, Suite 1800  
Chicago, Illinois 60602  
(773) 590-7029  
[Kevin.Garstka@ilag.gov](mailto:Kevin.Garstka@ilag.gov)

USPS TRACKING#



9590 9402 6611 1028 5780 90

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

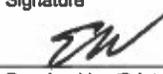
United States Postal Service

\* Sender: Please print your name, address, and ZIP+4® in this box\*

Kevin Garstka  
Assistant Attorney General  
Environmental Bureau  
69 West Washington Street, Suite 1800  
Chicago, Illinois 60602

2-301850



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</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>	<p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p>X  <span style="float: right;">2/23</span></p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p> <p>D. Is delivery address different from item? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center;">WESTMONT CITGO, INC.</p>
<p>1. Article Addressed to:</p> <p>Akram Zamayed, Reg. Agent WESTMONT CITGO, INC. 8550 South Harlem Avenue, Suite Bridgeview, IL 60455</p>	<p>3. Service Type <span style="float: right;"><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™</span></p> <p><input type="checkbox"/> Adult Signature <span style="float: right;"><input type="checkbox"/> Registered Mail Restricted Delivery</span></p> <p><input checked="" type="checkbox"/> Certified Mail® <span style="float: right;"><input checked="" type="checkbox"/> Signature Confirmation™</span></p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <span style="float: right;"><input type="checkbox"/> Signature Confirmation Restricted Delivery</span></p> <p><input type="checkbox"/> Collect on Delivery <span style="float: right;"><input type="checkbox"/> Signature Confirmation Restricted Delivery</span></p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <span style="float: right;"><input type="checkbox"/> Signature Confirmation Restricted Delivery</span></p> <p><input type="checkbox"/> Insured Mail <span style="float: right;"><input type="checkbox"/> Signature Confirmation Restricted Delivery (\$500)</span></p>
 <p>9590 9402 6611 1028 5780 90</p> <p>Article Number (Transfer from service label)</p> <p>7020 2450 0000 4621 5541</p>	<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p> <p style="text-align: right;">Domestic Return Receipt</p>