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JUN 17 2004

STATE OF ILLINOIS
Pollution Control Board

BEFORE THE ILLINOIS POLLUTION CONTROL BOARD

THE VILLAGE OF LOMBARD,)
 ILLINOIS, an Illinois)
 municipality corporation,)
)
 Complainant,)
)
 v.)
)
 BILL'S AUTO CENTER,)
 BILL'S STANDARD SERVICE)
 and WILLIAM KOVAR,)
)
 Respondents.)

PCB No. 04- 213
(LUSTS - Cost Recovery)

NOTICE TO RESPONDENTS

TO: Bill's Auto Center
330 South Main Street
Lombard, Illinois 60148

William Kovar
330 South Main Street
Lombard, Illinois 60148

Bill's Standard Service
c/o William Kovar
330 South Main Street
Lombard, Illinois 60148

PLEASE TAKE NOTICE that today I filed with the Clerk of the Illinois Pollution Control Board a copy of the U.S. Postal Service Certified Mail returns of service for service of the Formal Complaint upon you, copies of which are served on you along with this notice.



One of Complainant's Attorneys

Dennis G. Walsh
Jacob Karaca
KLEIN, THORPE AND JENKINS, LTD.
20 North Wacker Drive, Suite 1660
Chicago, Illinois 60606
(312) 984-6400
Atty. No. 90446

PROOF OF SERVICE

I, Jacob Karaca, an attorney, certify that I served this Notice of Filing and attachments, by mailing to persons on the Service List above, placed in envelopes, with proper postage pre-paid, addressed to said persons, and depositing the same in the U.S. Mail-chute at 20 North Wacker Drive, Chicago, Illinois 60606-2903, at or before 5:00 p.m. on June 17, 2004.


Jacob Karaca

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:

Mr. William Kovar
330 S. Main St.
Lombard, IL 60148

2. Article Number

(Transfer from service label)

7003 0500 0002 2663 1959

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *William Kovar* Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

6/3/04

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**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:

Bill's AUto Center
330 S. Main St.
Lombard, IL 60148

2. Article Number

(Transfer from service label)

7003 0500 0002 2663 1898

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *William Kovar* Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

6/3/04

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1. Article Addressed to:

Bill's Standard Service
330 S. Main St.
Lombard, IL 60148

2. Article Number

(Transfer from service label)

7003 0500 0002 2663 1904

PS Form 3811, February 2004

Domestic Return Receipt

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A. Signature

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 Yes

UNITED STATES POSTAL SERVICE



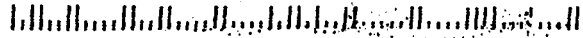
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

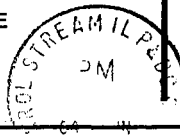
JHK

KLEIN, THORPE AND JENKINS, LTD.
20 NORTH WACKER DRIVE, SUITE 1660
CHICAGO, ILLINOIS 60606-2903

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