

Service List

Brad Halloran
Hearing Officer
Illinois Pollution Control Board
60 E. Van Buren, Suite 630
Chicago, IL 60605
Brad.Halloran@illinois.gov
(Via Email)

ROYAL CREATION INC.
c/o Kiera Givens, Registered Agent
1129 Cedar Street, Apt. 1A
Glendale Heights, IL 60139-3488

Stefon Givens
206 W. Division Street
Villa Park, IL 60181

CERTIFICATE OF SERVICE

I, Molly Kordas, as Assistant Attorney General, do certify that on this 11th day of February 2025, I caused to be served a copy of the foregoing Notice of Filing and Proof of Service of Complainant's Complaint upon Respondent Royal Creation Inc., upon the persons listed on the attached Service List via U.S. Mail.

/s/ Molly Kordas
Molly Kordas
Assistant Attorney General
Environmental Bureau
Illinois Attorney General's Office
69 W. Washington Street, Suite 1800
Chicago, Illinois 60602
(773) 590-7047
Molly.Kordas@ilag.gov



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• Sender: Please print your name, address, and ZIP+4® in this box®
Molly Kordas
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"> Complete items 1, 2, and 3. 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"/> Agent <input checked="" type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Royal Creation Inc. C/o Keira Givens 4435 Waubansie Lane Lisle, IL 60532-1062</p>	<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7019 0700 0001 4405 1920</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>9590 9402 9101 4225 6273 31</p>	<p>Service Type</p> <ul style="list-style-type: none"> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Priority Mail Express® 	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>

Tracking Number:

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LISLE, IL 60532

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