

BEFORE THE ILLINOIS POLLUTION CONTROL BOARD

RECEIVED
CLERK'S OFFICE

FEB 10 2005

STATE OF ILLINOIS
Pollution Control Board

COUNTY OF JACKSON,)

Complainant,)

v.)

SOUTHERN ILLINOIS REGIONAL
LANDFILL, INC., DOUG TICER, and
GEORGE BROWNING,)

Respondents.)

0548
AC 04-

Site # 0770200002

CERTIFICATE OF SERVICE

I hereby certify that I did on the 13th day of January 2005, send by U.S. Certified

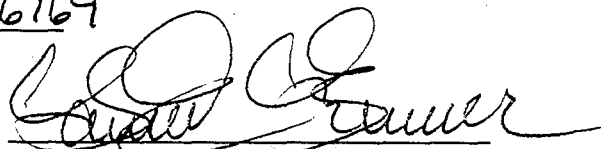
Mail, return receipt requested, with postage thereon fully prepaid, by depositing in a U.S. Post Office

Box, a true and correct copy of the following instrument(s) entitled:

ADMINISTRATIVE CITATION
ENTRY OF APPEARANCE
NOTICE OF FILING

To: CT Corporation System (as agent for SIRT, Inc.)
208 S. LaSalle St., Suite 814
Chicago, Illinois 60604-1101

Certified Mail Receipt No. 7000 1530 0002 1067 6769



Daniel Brenner
Assistant State's Attorney
Jackson County Courthouse, Third Fl.
Murphysboro, IL 62966
618-687-7200

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:

CT CORPORATION
SYSTEM208 S. LASALLE ST.
SUITE 814
CHICAGO, IL 60604-11012. Article Number
(Transfer from service label)

7000 1530 0002 1067 6769

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X CT CORP

- ☐
- Agent
-
- ☐
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

1-19

D. Is delivery address different from item 1? ☐ Yes
If 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**U.S. Postal Service
CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

7000 1530 0002 1067 6769

Postage	\$ 1.29
Certified Fee	4.11
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$5.40

1/13/05

Postmark
Here

Sent To	CT CORPORATION SYSTEM
Street, Apt. No., or PO Box No.	208 S. LASALLE ST STE 814
City, State, ZIP+4	CHICAGO, IL 60604-1101

PS Form 3800, May 2000

See Reverse for Instructions