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SEP 15 2004

STATE OF ILLINOIS
Pollution Control Board

BEFORE THE ILLINOIS POLLUTION CONTROL BOARD
CHAMPAIGN COUNTY, ILLINOIS

MORTON F. DOROTHY,)
)
Complainant,)
)
vs.)
)
FLEX-N-GATE CORPORATION,)
an Illinois Corporation,)
)
Respondent.)

No. PCB 05-049

PROOF OF SERVICE

The undersigned certifies that, on September 7, 2004, he mailed a copy of the notice and complaint in this case, certified mail, return receipt requested, to the following person, who is the registered agent of Flex-N-Gate Corporation according to the Illinois Secretary of State:

Flex-N-Gate Corporation
Angela M. Brooks
Registered Agent
502 East Anthony Drive
Urbana, Illinois 61802

A copy of the receipt for certified mail and return receipt is attached.

Morton F. Dorothy

Morton F. Dorothy, Complainant

Morton F. Dorothy
804 East Main
Urbana IL 61802
217/384-1010

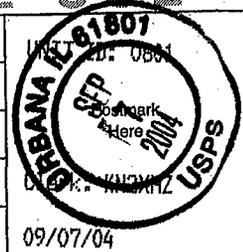
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

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OFFICIAL USE

7003 0500 0001 7903 9536

Postage	\$ 0.83
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.88



Sent To FLEX-N-GATE, ANGELA M. BROOKS
 Street, Apt. No., or PO Box No. 502 EAST ANTHONY DR
 City, State, ZIP+4 URBANA IL 61802

PS Form 3800, June 2002 See Reverse for Instructions

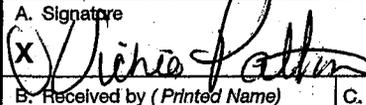
SENDER: COMPLETE THIS SECTION

- 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:
FLEX-N-GATE CORPORATION
ANGELA M. BROOKS
REGISTERED AGENT
502 EAST ANTHONY DRIVE
URBANA, IL 61802

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

 B. Received by (Printed Name) _____
 C. Date of Delivery 9-8-04

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

7003 0500 0001 7903 9536