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STATE OF ILLINOIS
Pollution Control Board

OFFICE OF THE ATTORNEY GENERAL
STATE OF ILLINOIS

Lisa Madigan
ATTORNEY GENERAL

November 30, 2004

Dorothy Gunn, Clerk
Illinois Pollution Control Board
James R. Thompson Center
Suite 11-500
100 West Randolph
Chicago, Illinois 60601

Re: People of the State of Illinois v. James Zeller, et al.
PCB No. 05-99

Dear Ms. Gunn:

Pursuant to section 103.123 of the Procedural Rules of the Illinois Pollution Control Board, the enclosed executed certified mail receipts are filed with the Board as proof of service of the Notice and Complaint filed with the Board.

Thank you for your cooperation and consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Raymond Callery".

Raymond Callery
Environmental Bureau
Assistant Attorney General
500 South Second Street
Springfield, Illinois 62706

RC/pp
Enclosure

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 STATE OF ILLINOIS
 Pollution Control Board

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:

Matthew Short
 d/b/a Short Bros.
 12154 Short Drive
 Marion, IL 62959

2. Article Number
 (Transfer from service label)

7000 0520 0012 5364 6043

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2509

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Matthew Short*

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

11-23

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

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:

James Zeller
 d/b/a TZ Builders
 900 Skyline Drive
 Marion, IL 62959

2. Article Number
 (Transfer from service label)

7000 05200012 5364 6029

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2509

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Julie Dutz*

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

11-23-04

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

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:

Thomas Zeller
 d/b/a TZ Builders
 900 Skyline Drive
 Marion, IL 62959

2. Article Number
 (Transfer from service label)

7000 0520 0012 5364 6036

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2509

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Julie Dutz*

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

11-23-04

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