

BEFORE THE ILLINOIS POLLUTION CONTROL BOARD

| | | |
|-----------------------------------|---|---------------------|
| PEOPLE OF THE STATE OF ILLINOIS, |) | |
| by KWAME ROAUL, Attorney |) | |
| General of the State of Illinois, |) | |
| |) | |
| Complainant, |) | |
| |) | |
| v. |) | PCB No. 2023-009 |
| |) | (Enforcement – Air) |
| La Fox BP, Inc., |) | |
| a dissolved Illinois corporation, |) | |
| |) | |
| Respondent. |) | |

NOTICE OF FILING

To: Persons on Attached Service List

PLEASE TAKE NOTICE that I have today caused to be filed with the Clerk of the Illinois Pollution Control Board by electronic filing the following Proof of Service of Complainant's Complaint, a true and correct copy of which is attached hereto and hereby served upon you.

PEOPLE OF THE STATE OF ILLINOIS,
KWAME RAOUL, Attorney General of the State of
Illinois

By: /s/ Arlene R. Haas
Arlene R. Haas
Assistant Attorney General
Environmental Bureau
Illinois Attorney General's Office
69 W. Washington St., 18th Floor
Chicago, Illinois 60602
(773) 590-7836
Arlene.Haas@ilag.gov

Date: July 27, 2022

Service List

Waqar Quereshi
Agent and President La Fox BP, Inc.
La Fox BP, Inc.
380 N. La Fox Street
South Elgin, Illinois 60177

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

CERTIFICATE OF SERVICE

I, Arlene R. Haas, an Assistant Attorney General, certify that on the 27th day of July 2022, I caused to be served the foregoing Notice of Filing and Proof of Service on the parties named on the attached Service List, by first class mail by depositing envelope at United States Post Office, 100 W. Randolph Street, Chicago, IL 60601.

/s/ Arlene R. Haas
Arlene R. Haas
Assistant Attorney General
Environmental Bureau
Illinois Attorney General's Office
69 W. Washington Street, Suite 1800
Chicago, Illinois 60602
(773) 590-7836
Arlene.Haas@ilag.gov

| 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</p> <p>X <u>COULD 19</u> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Address</p> | |
| <p>1. Article Addressed to:</p> <p style="text-align: center;">Waqar Quereshi Agent and President La Fox BP, Inc. La Fox BP, Inc. 380 N. La Fox Street South Elgin, Illinois 60177</p> | <p>B. Received by (Printed Name)</p> <p style="text-align: center;"><u>COULD</u></p> | <p>C. Date of Delivery</p> <p style="text-align: center;"><u>7/27</u></p> |
| <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Signature Confirmation <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> | |
| <p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7021 2720 0002 0106 1070</p> | <p>PS Form 3811 July 2020 PSN 7500-02-000-0000</p> | |