BEFORE THE ILLINOIS POLLUTION CONTROL BOARD

ILLINOIS STATE TOLL HIGHWAY)	
AUTHORITY (Lincoln Oasis South),)	
Petitioner,)	
v.)	PCB - 06-37
)	(UST Appeal)
ILLINOIS ENVIRONMENTAL PROTECTION)	
AGENCY,)	
)	
Respondent.)	

NOTICE OF FILING

To: Douglas Scott, Director
Illinois Environmental Protection Agency
1021 North Grand Avenue East
P.O. Box 19276
Springfield, IL 62794

John Kim, Esq. Special Assistant Attorney General Illinois Environmental Protection Agency 1021 North Grand Avenue East P.O. Box 19276 Springfield, IL 62794

PLEASE TAKE NOTICE that on January 4, 20065 we filed with the Clerk of the Illinois Pollution Control Board, via the Clerk's Office On-Line (COOL) System, the Return Receipts verifying Proof of Service in the above-entitled cause, copies of which are attached hereto.

Special Assistant Attorney General

CERTIFICATE OF SERVICE

The undersigned hereby certifies that true and correct copies of the Notice of Filing, together with copies of the documents described above, were served upon the above-named Respondent(s) by enclosing same in envelopes properly addressed to said Respondent(s) and depositing said envelopes in a U.S. Post Office Mail Box at Chicago, Illinois, with postage fully prepaid on the 19th day of December, 2005.

Kenneth W. Funk, Esq.
Phillip J. Zisook, Esq.
Karen Kavanagh Mack, Esq.
Special Assistant Attorneys General
225 W. Washington Street, Suite 1700
Chicago, IL 60606 • (312) 346-1460

ENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELL	VERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse	A. Signature	☐ Agent ☐ Addressee
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.	B. Received by (Printed Name)	C. Date of Delivery
Article Addressed to:	D. Is delive at the state of th	n 1? Yes
ohn Kim special Assistant Attunes Ger	DEC 2 2 2005	
L protection Agency L	3. S Certified Mail Contified Mail Return Rec	elpt for Merchandise
Springfield, 12 62794	4. Restricted Delivery? (Extra Fee)	☐ Yes
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(Transfer from service label)	COMPLETE THIS SECTION ON	
SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete	COMPLETE THIS SECTION ON A. Signature	
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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:	COMPLETE THIS SECTION ON A. Signature X B. Received by (Printed Name) D. Is delivery at it YES, entered	Agent Address C. Date of Delive No 2005 Receipt for Merchandi

Domestic Return Receipt

2ACPRI-03-F-1838

PS Form 3811, August 2001