



RECEIVED  
CLERK'S OFFICE  
OCT 20 2011  
STATE OF ILLINOIS  
Pollution Control Board

OFFICE OF THE ATTORNEY GENERAL  
STATE OF ILLINOIS

Lisa Madigan  
ATTORNEY GENERAL

October 18, 2011

ORIGINAL

John T. Therriault, Assistant Clerk  
Illinois Pollution Control Board  
State of Illinois Center  
100 West Randolph  
Chicago, Illinois 60601

Re: ***People v. Six M. Corporation***  
**PCB 12-35**

Dear Clerk:

Pursuant to section 103.123 of the Procedural Rules of the Illinois Pollution Control Board, the enclosed executed certified mail receipts for McIlvain and Van Ness 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.

Very truly yours,

A handwritten signature in cursive script that reads "Peggy J. Poitevint".

Peggy J. Poitevint  
Adm. Secretary  
Environmental Bureau  
500 South Second Street  
Springfield, Illinois 62706  
(217) 782-9031

Enclosures

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.

Article Addressed to:

James McIlvain  
17 West Clinton Avenue  
Urbana, IL 61842

Article Number

(Transfer from service label)

7009 0960 0000 8118 4128

Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

*James McIlvain*  Agent  Addressee

B. Received by (Printed Name)

JAMES McIlvain

C. Date of Delivery

10/15/11

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

10-15-11

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.

Article Addressed to:

Phillip Van Ness  
Corney at Law  
P.O. Box 189  
Urbana, IL 61803-0189

Article Number

(Transfer from service label)

7009 0960 0000 8118 4111

Form 3811, February 2004

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

*Phillip Van Ness*  Agent  Addressee

B. Received by (Printed Name)

Phillip Van Ness

C. Date of Delivery

10/17/11

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