

BEFORE THE ILLINOIS POLLUTION CONTROL BOARD

ILLINOIS ENVIRONMENTAL)
 PROTECTION AGENCY,)
)
 Complainant,)
)
 v.)
)
 ARCHIE ADKINSON and)
 JULES KRAMER,)
)
 Respondents.)

PCB No. AC 2017-016
(Administrative Citation)

NOTICE OF FILING

To: Archie Adkinson
10617 Meadow Lane Dr.
Kansas City, MO 64152

Jules Kramer
23544 E. Cypress Rd.
Canton, IL 61520

PLEASE TAKE NOTICE that I have today filed with the Office of the Clerk of the Pollution Control Board the enclosed Certified Mail receipts, copies of which are herewith served upon you.

Respectfully submitted,

Dated: May 10, 2017

ILLINOIS ENVIRONMENTAL
PROTECTION AGENCY,

Scott B. Sievers
Attorney Registration No. 6275924
1021 North Grand Avenue East
P.O. Box 19276
Springfield, IL 62794-9276
(217) 782-5544
Scott.Sievers@Illinois.gov

Complainant,

BY: /s/Scott B. Sievers
Scott B. Sievers
Special Assistant Attorney General

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <i>5-5-17</i></p>
<p>1. Article Addressed to:</p> <p>Archie Adkinson 10617 Meadow Lane Dr Kansas City, Mo 64152</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: <i>56-17 AC</i></p> <p>3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7012 0470 0001 3000 3185</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt DOL - DH 102595-02-M-1540</p>	

7012 0470 0001 3000 3185

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

For delivery information visit our website at www.usps.com

ARCHIE ADKINSON

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



Sent To *Archie Adkinson*

Street, Apt. No., or PO Box No. *10617 Meadow Lane Dr.*

City, State, ZIP+4 *Kansas City Mo 64152*

PS Form 3800, August 2006 See Reverse for Instructions

CERTIFICATE OF SERVICE

I, the undersigned, certify that I have served on the date of May 10, 2017 the attached **NOTICE OF FILING** upon the following persons by depositing the document in a U.S. Postal Service mailbox, by the time of 2:00 p.m., with proper postage or delivery charges prepaid:

Archie Adkinson
10617 Meadow Lane Dr.
Kansas City, MO 64152

Jules Kramer
23544 E. Cypress Rd.
Canton, IL 61520

/s/Scott B. Sievers

May 10, 2017