

RECEIVED
CLERK'S OFFICE

NOV 08 2018

STATE OF ILLINOIS
Pollution Control Board

DOCUMENTATION OF SERVICE

Step 4

Note to the Complainant: This Documentation of Service must accompany the Formal Complaint and the Notice of Filing. Once you have completed the Documentation of Service, the Formal Complaint, and the Notice of Filing, you must file these three documents with the Board's Clerk *and* serve a copy of each document on each respondent.

This form for the Documentation of Service is designed for use by a non-attorney and must be notarized, *i.e.*, it is an "affidavit" of service. An attorney may modify the form for use as a "certificate" of service, which is not required to be notarized.

Affidavit of Service

I, the undersigned, on oath or affirmation, state that on the date shown below, I served copies of the attached Formal Complaint and Notice of Filing on the respondent at the address listed below by one of the following methods: [*check only one—A, B, C, D, or E*]

B. **U.S. Mail** or third-party commercial carrier **with a recipient's signature** recorded or **to be recorded by the U.S. Postal Service** or the third-party commercial carrier upon delivery. However, the delivery confirmation from the U.S. Postal Service or the third-party commercial carrier containing the recipient's signature is not available to me at this time. On October 30 [*month/date*], 2018, by the time of 5:00 PM, at 2633 11th Street Rock Island, IL [*address where you provided the documents to the U.S. Postal Service*], copies of the attached Formal Complaint and Notice of Filing were provided to the U.S. Postal Service or the third-party commercial carrier, with the respondent's address appearing on the envelope or package containing these documents, and with proper postage or delivery charge prepaid. [*Within seven days after it becomes available to you, file with the Board's Clerk the delivery confirmation—containing the recipient's signature and showing the date of delivery—and identify the Formal Complaint to which that delivery confirmation corresponds.*]

FORMAL COMPLAINT

Before the Illinois Pollution Control Board

)
)
Celeste Tapia)
)
Michael W. Edwards)
)
Complainant(s),)
)

v.

PCB 20 -
[For Board use only]

Miller Container Corporation

Respondent(s)

)
)
)
)
)
)
)
)
)
)

RESPONDENT'S ADDRESS:

Name Miller Container Corporation, Rock Island, Illinois Headquarter
Street 3402 78th Ave W
P.O. Box 1130 Milan, IL 61264

City, state, zip code Rock Island | IL 61201-7331
(list each respondent's name and address if multiple respondents)

Albert Duggan
Complainant's signature

Street 8621 35th Street West

City, state, zip code Milan, IL 61264

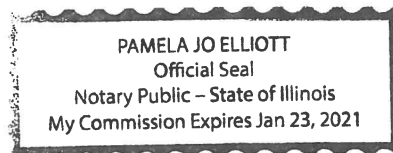
Date ~~October~~ November 2, 2018

Subscribed to and sworn before me

this 2nd day

of November, 2018

Pamela Jo Elliott
Notary Public



My commission expires: 1/23/2021

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Miller Container Corporation
 Illinois Headquarter
 3402 78th Ave. W.
 P.O. Box 1130
 Milan, IL 61264



9590 9402 3530 7275 3600 94

2. Article Number (Transfer from service label)

7018 0360 0001 9389 6012

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Sarah Schaefer*

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

10-31-18

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

USPS TRACKING#



9590 9402 3530 7275 3600 94



First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box*

Celeste Tapia & Michael Edwards
 8621 35th St. W.
 Milan, IL 61264

