Health Department and
Community Health Center

Dale W. Galassie, M.A., M.S.
Executive Director

Environmental Health Services
118 South Main Street
Wauconda, Illinois 60084
Phone 847-984-5000
Fax 847-526-7066

LakeCounty

May 21, 2007

ATTACHMENT 7

Illinois Commerce Commission
527 East Capital Avenue
Springfield, IL 62700

RE: Certificate of Convenience and Necessity
Eastgate Estates Subdivision

Dear Sirs/Madams:

The Lake County Health Department has approved a community/cluster wastewater treatment and dispersal system for the referenced 9 lot subdivision. The approval requires that the wastewater system be owned, operated and managed by a Responsible Management Entity as described in Management Model #5 of the USEPA Guidelines for management of clustered (decentralized) wastewater treatment systems.

We understand that RME Illinois, L.L.C. is filing a Petition for Certificate of Convenience and Necessity to become a private wastewater utility and function as a responsible management entity for the above subdivision. Your help in granting this request would greatly be appreciated.

Sincerely,

Tom Copenhaver, R.S., C.P.S.S.
Individual Sewage Disposal Coordinator

CERTIFICATE OF SERVICE

I, Arthur R. Olson, hereby certify that on the 18th day of May, 2007, I caused the attached Petition of RME Illinois, L.L.C. with accompanying Exhibits "A" and "B" and Attachments 1 thru 5 to be served on all parties listed below via first class mail, postage prepaid and property addressed as indicated.

By: _____

Mr. David Lothspeich
Village Manager
Village of Long Grove
3110 R.F.D.
Long Grove, Il. 60047

Mr. Bill Brimm
Village Manager
Village of Buffalo Grove
50 Raupp Blvd.
Buffalo Grove, Il. 60089

Form **LLC-5.5**
March 2002

Jesse White
Secretary of State
Department of Business Services
Limited Liability Company Division
Room 351, Howlett Building
Springfield, IL 62756
http://www.ilsos.net

Payment must be made by certified check, cashier's check, Illinois attorney's check, Illinois C.P.A.'s check or money order, payable to "Secretary of State."

Illinois
Limited Liability Company Act
Articles of Organization

SUBMIT IN DUPLICATE
Must be typewritten

This space for use by Secretary of State
Date 05/11/07
Assigned File # 0220-704-4
Filing Fee $500.00
Approved: JC

This space for use by Secretary of State

FILED

MAY 11 2007

JESSE WHITE
SECRETARY OF STATE

1. Limited Liability Company Name: RME ILLINOIS, LLC

(The LLC name must contain the words limited liability company, L.L.C. or LLC and cannot contain the terms corporation, corp., incorporated, inc., ltd., co., limited partnership, or L.P.)

2. If transacting business under an assumed name, complete and attach Form LLC-1.20.

3. The address of its principal place of business: (Post office box alone and c/o are unacceptable.)
965 Westshore Drive, Fox Lake, Illinois 60020

4. The Articles of Organization are effective on: (Check one)

a) x the filing date, or b) _____ another date later than but not more than 60 days subsequent to the filing date: _____ (month, day, year)

5. The registered agent's name and registered office address is:

Registered agent:	PHILLIP		GROSSMAN
	First Name	*Middle Initial*	*Last Name*
Registered Office: (P.O. Box and c/o are unacceptable)	8707 Skokie Boulevard		103
	Number	*Street*	*Suite #*
	Skokie	60077	Cook
	City	*ZIP Code*	*County*

6. Purpose or purposes for which the LLC is organized: Include the business code # (IRS Form 1065).
(If not sufficient space to cover this point, add one or more sheets of this size.)

"The transaction of any or all lawful business for which limited liability companies may be organized under this Act."
Business Code No. 541330

7. The latest date, if any, upon which the company is to dissolve Dec. 31, 2065 (month, day, year).

Any other events of dissolution enumerated on an attachment. (Optional)

0220-704-4
05/11/07

LLC-5.5

8. Other provisions for the regulation of the internal affairs of the LLC per Section 5-5 (a) (8) included as attachment:
If yes, state the provisions(s) from the ILLCA. ☐ Yes ☒ No

9. a) Management is by manager(s): ☐ Yes ☒ No
If yes, list names and business addresses.

b) Management is vested in the member(s): ☒ Yes ☐ No
If yes, list names and addresses.

ARTHUR OLSON
965 Westshore Drive
Fox Lake, IL 60020

PHILLIP GROSSMAN
8707 Skokie Blvd.
Skokie, IL 60077

10. I affirm, under penalties of perjury, having authority to sign hereto, that these articles of organization are to the best of my knowledge and belief, true, correct and complete.

Dated May 4 (Month/Day), 2007 (Year)

Signature(s) and Name(s) of Organizer(s)

1. Signature
PHILLIP GROSSMAN, Organizer
(Type or print name and title)
(Name if a corporation or other entity)

2. Signature
(Type or print name and title)
(Name if a corporation or other entity)

3. Signature
(Type or print name and title)
(Name if a corporation or other entity)

Business Address(es)

1. 8707 Skokie Boulevard
Number Street
Skokie
City/Town
IL 60077
State ZIP Code

2. Number Street
City/Town
State ZIP Code

3. Number Street
City/Town
State ZIP Code

(Signatures must be in ink on an original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.)

Form **LLC-5.5**
March 2002

Jesse White
Secretary of State
Department of Business Services
Limited Liability Company Division
Room 351, Howlett Building
Springfield, IL 62756
http://www.ilsos.net

Payment must be made by certified check, cashier's check, Illinois attorney's check, Illinois C.P.A.'s check or money order, payable to "Secretary of State."

Illinois
Limited Liability Company Act
Articles of Organization

SUBMIT IN DUPLICATE
Must be typewritten

This space for use by Secretary of State

Date 05/11/07
Assigned File # 0220-704-4
Filing Fee $500.00
Approved: JC

This space for use by Secretary of State

FILED

MAY 1 1 2007

JESSE WHITE
SECRETARY OF STATE

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3. The address of its principal place of business: (Post office box alone and c/o are unacceptable.)
965 Westshore Drive, Fox Lake, Illinois 60020

4. The Articles of Organization are effective on: (Check one)

a) x the filing date, or b) _____ another date later than but not more than 60 days subsequent to the filing date: _____ (month, day, year)

5. The registered agent's name and registered office address is:

Registered agent:	PHILLIP		GROSSMAN
	First Name	*Middle Initial*	*Last Name*
Registered Office: (P.O. Box and c/o are unacceptable)	8707 Skokie Boulevard		103
	Number	*Street*	*Suite #*
	Skokie	60077	Cook
	City	*ZIP Code*	*County*

6. Purpose or purposes for which the LLC is organized: Include the business code # (IRS Form 1065).
(If not sufficient space to cover this point, add one or more sheets of this size.)

"The transaction of any or all lawful business for which limited liability companies may be organized under this Act."

Business Code No. 541330

7. The latest date, if any, upon which the company is to dissolve Dec. 31, 2065 (month, day, year).

Any other events of dissolution enumerated on an attachment. (Optional)

0220-704-4
05/11/07

LLC-5.5

8. Other provisions for the regulation of the internal affairs of the LLC per Section 5-5 (a) (8) included as attachment:
If yes, state the provisions(s) from the ILLCA. ☐ Yes ☒ No

9. a) Management is by manager(s): ☐ Yes ☒ No
If yes, list names and business addresses.

b) Management is vested in the member(s): ☒ Yes ☐ No
If yes, list names and addresses.

ARTHUR OLSON
965 Westshore Drive
Fox Lake, IL 60020

PHILLIP GROSSMAN
8707 Skokie Blvd.
Skokie, IL 60077

10. I affirm, under penalties of perjury, having authority to sign hereto, that these articles of organization are to the best of my knowledge and belief, true, correct and complete.

Dated May 4 (Month/Day), 2007 (Year)

Signature(s) and Name(s) of Organizer(s)	Business Address(es)
1. Signature	1. 8707 Skokie Boulevard (Number Street)
PHILLIP GROSSMAN, Organizer (Type or print name and title)	Skokie (City/Town)
(Name if a corporation or other entity)	IL (State) 60077 (ZIP Code)
2. Signature	2. Number Street
(Type or print name and title)	City/Town
(Name if a corporation or other entity)	State ZIP Code
3. Signature	3. Number Street
(Type or print name and title)	City/Town
(Name if a corporation or other entity)	State ZIP Code

(Signatures must be in ink on an original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.)