

8/28/14

To The Illinois Pollution Control Board

To Whom This May Concern!

 ORIGINAL

PCB-14-112

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. 	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>Sean McAllister</i>	
1. Article Addressed to: SEAN MCALLISTER 116 S MAIN ST RANKIN IL 60960	B. Received by (Printed Name) Sean McAllister	C. Date of Delivery 8-28-14
2. Article Number (Transfer from _____)	D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No P O Box 356 RANKIN IL 60960	
PS Form 3811, February 2004	3. Service Type <input checked="" 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.	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
Domestic Return Receipt	102595-02-M-1540	

RECEIVED
CLERK'S OFFICE
SEP 03 2014
STATE OF ILLINOIS
Pollution Control Board

Respectfully
[Signature]