

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 X <i>Brian Will</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: 5/30/19 B.M. PCB 2019-102 Brian and Karen Will 438 County Road 425 North Siegel, IL 62462	B. Received by (Printed Name) <i>Brian Will</i>	C. Date of Delivery <i>JUN 17</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	<div style="text-align: center;"> RECEIVED CLERKS OFFICE JUN 13 2019 </div>	
	3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)	7014 0510 0001 5481 4380	
PS Form 3811, July 2013	Domestic Return Receipt	

STATE OF ILLINOIS
Pollution Control Board