

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to: 3/4/10 B.14
 PCB 2010-062
 Ron Hintsche
 16945 Haumesser Road
 Malta, IL 60150

RECEIVED
 CLERK'S OFFICE
 MAR 15 2010
 STATE OF ILLINOIS
 Pollution Control Board

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 X *Candy Hintsche* Addressee

B. Received by (Printed Name) *Candy Hintsche* C. Date of Delivery *3/10/10*

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

(Transfer from service label)

7009 0960 0000 5942 1972