

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: 4/12/17 B.M.
 PCB 2016-014, PCB 2016-019
 PCB 2016-024 & PCB 2016-028
 Albert Ettinger
 Law Office of Albert Ettinger
 53 W. Jackson
 Suite 1664
 Chicago, IL 60604

2. Article Number
 (Transfer from service label)

7014 0510 0001 5481 1099

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
☒ Addressee

B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery
 4. Restricted Delivery? (Extra Fee) ☐ Yes

RECEIVED
 CLERK'S OFFICE
 APR 17 2017

STATE OF ILLINOIS
 Pollution Control Board

Domestic Return Receipt