

**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: 10/4/18 B.M.

AC 2019-002  
Mark Anderson  
LaSalle County State's  
Attorney Office  
707 Etna Road, Room 251  
Ottawa, IL 61350

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
*Dean Mandy*  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

2. Article Number  
(Transfer from service label)

7014 0510 0001 5481 3383

Domestic Return Receipt

PS Form 3811, July 2013

RECEIVED  
OCT 15 2018  
STATE OF ILLINOIS  
Pollution Control Board

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1. Article Addressed to: 10/4/18 B.M.  
AC 2019-002  
Jeffrey Schuster  
290 35th Rd.  
LaSalle, IL 61301

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X** *Jeff Schuster*  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

RECEIVED  
CLERK'S OFFICE  
OCT 15 2018

STATE POLLUTION CONTROL BOARD

3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
(Transfer from service label) 7014 0510 0001 5481 3390

PS Form 3811, July 2013 Domestic Return Receipt