

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. <p>1. Article Addressed to: 5/30/19 8. IL PCB 2019-100 Tyler Brummer 21735 E. 600th Avenue Dietrich, IL 62424</p>	A. Signature X <i>Tyler Brummer</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee C. Date of Delivery
<p>RECEIVED CLERKS OFFICE JUN 13 2019 STATE OF ILLINOIS Pollution Control Board</p>	B. Received by (Printed Name) <i>Tyler Brummer</i>	D. Is delivery address different from item 1? If YES, enter delivery address below:
2. Article Number (Transfer from service label)	<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	
PS Form 3811, July 2013	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes 7014 0501 0001 5481 4366 Domestic Return Receipt	