

**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: 1/19/17 B.M.

PCB 2015-~~129~~ 189  
Vincent R. Angemeier  
Nijman Franzetti LLP  
10 S. LaSalle Street  
Suite 3600  
Chicago, IL 60603

2. Article Number  
(Transfer from service label)  
PS Form 3811, July 2013

7014 0510 0001 5481 0627  
Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

xw. S. [Signature]

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

- Yes
- No

RECEIVED  
CLERK'S OFFICE

JAN 27 2017

STATE OF ILLINOIS  
Pollution Control Board

3. Service Type

- Certified Mail®
- Registered
- Insured Mail

- Priority Mail Express™
- Return Receipt for Merchandise
- Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes