

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 2017-032
Jan McDonald
1677 Highway 94
Aledo, IL 61231

RECEIVED
CLERK'S OFFICE
FEB 01 2017
STATE OF ILLINOIS
Pollution Control Board

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
Jan McDonald Addressee

B. Received by (Printed Name) *Jan McDonald*

C. Date of Delivery *2-27-17*

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 0771

PS Form 3811, July 2013

Domestic Return Receipt