

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 2013-043
Gerald L. Timmerwilke
Blickhan, Timmerwilke,
Woodworth & Larson
226 North Sixth Street
Quincy, IL 62301

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Niki Schreffert* Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery
1-23

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

RECEIVED
CLERK'S OFFICE

FEB 10 2017

STATE OF ILLINOIS
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

7014 0510 0001 5481 0603

Domestic Return Receipt