

**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: 2/2/17 B.M.  
PCB 2016-035  
Ed McEwen  
23265 N. 2200th Road  
Prairie City, IL 61470

**RECEIVED**  
CLERK'S OFFICE

FEB 10 2017

STATE OF ILLINOIS  
Pollution Control Board

2. Article Number  
(Transfer from service label)

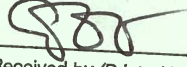
7014 0510 0001 5481 0870

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X 

Agent

Addressee

B. Received by (Printed Name)

Ed McEwen

C. Date of Delivery

2/8/17

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