

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: 3/23/17 B.M.

AC 2013-041

Amy L. Jackson

Rammelkamp Bradney, P.C.

232 West State Street

P.O. Box 550

Jacksonville, IL 62651

2. Article Number

(Transfer from service label)

7014 0510 0001 5481 1006

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Christina Moran*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Christina Moran

C. Date of Delivery

3/29/17

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

RECEIVED
CLERK'S OFFICE
APR 05 2017
STATE OF ILLINOIS
Pollution Control Board

MAR 29 2017

Domestic Return Receipt