

**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: 5/18/17 B.M.  
CB 2017-057  
awn Blancaflor  
668 LaFontana Way  
oise, ID 83702

RECEIVED  
OFFICE

MAY 30 2017

STATE OF ILLINOIS  
Pollution Control Board

2. Article Number  
(Transfer from service label)

7014 0510 0001 5481 1228

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

x *Paul Woods*

Agent  
 Addressee

B. Received by (Printed Name)

*Paul Woods*

C. Date of Delivery

*5/28/17*

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