| | 21 12 |
|---|---|
| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| Complete items 1, 2, and 3. Also complete | A. Signature |
| item 4 if Restricted Delivery is desired. Print your name and address on the reverse | X Jamie Cran |
| SO that we can return the card to you | Addressee |
| Attach this card to the back of the mailpiece, or on the front if space permits. | Lannie Cramen G-16-17 |
| 1. Article Addressed to: 6/8/17 B.M. | D. Is delivery address different from item 1? ☐ Yes |
| PCB 2017-069 | If YES, enter delivery address below: ☐ No |
| Lonnie R. Cramer | |
| Cramer Cattle Feeding CKS OFFICE | 4.5 m Gd |
| 4541 E. 8001 | |
| Macomb, IL 61455 JUN 2 2 2017 | 3. Service Type |
| STATE OF HAME | Certified Mail® ☐ Priority Mail Express™ |
| STATE OF ILLINOIS Pollution Control Boar | Registered Return Receipt for Merchandise Collect on Delivery |
| | 4. Restricted Delivery? (Extra Fee) |
| 2. Article Number | |
| (<i>Transfer from service label</i>) 7014 0510 0001 | 5481 1341 |
| PS Form 3811, July 2013 Domestic Return Receipt | |