

**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.

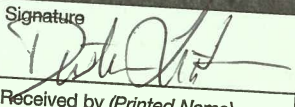
1. Article Addressed to: 7/6/17 B.M.  
PCB 2017-078  
Dustin Linkemann  
Likemann Swine, LLC  
1795 E. Co. Rd. 400  
West Point, IL 62380

2. Article Number  
(Transfer from service label)

7014 0510 0001 5481 1433

PS Form 3811, July 2013

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
**X**   Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery

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  
JUL 13 2017  
STATE OF ILLINOIS  
Pollution Control Board

Domestic Return Receipt