

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 2017-086
Earl Leman

Double L Farms Partnership
3626 N 2600 East Rd.
Forrest, IL 61741

2. Article Number
(Transfer from service label)
PS Form 3811, July 2013

7014 0510 0001 5481 1471
Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
Krista Leman Addressee
B. Received by (Printed Name)
Krista Leman
C. Date of Delivery
7-10-17
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

RECEIVED
CLERK'S OFFICE
JUL 13 2017

STATE OF ILLINOIS
Pollution Control Board

3. Service Type
 Certified Mail®
 Registered
 Insured Mail
 Priority Mail Express™
 Return Receipt for Merchandise
 Collect on Delivery
4. Restricted Delivery? (Extra Fee) Yes