

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: 7/26/17 B.M.
PCB 2017-072
Nick Biggs
WSB, LLC
P.O. Box 69
Oakville, IA 52646

RECEIVED
CLERK'S OFFICE
AUG - 7 2017
STATE OF ILLINOIS
Pollution Control Board

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
X Melody Crow
B. Received by (Printed Name) Jeanne Wonder
C. Date of Delivery 7-29-17
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

2. Article Number (Transfer from service label) 7014 0510 0001 5481 1501
PS Form 3811, July 2013 Domestic Return Receipt