

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: 8/17/17 B.M.
PCB 2017-079
David Timmerman
J.B. Timmerman Farms, Ltd.
11601 South Germantown Road
Breese, IL 62230

2. Article Number
(Transfer from service label) 7014 0510 0001 5481 1624

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
David Timmerman Addressee

B. Received by (Printed Name) C. Date of Delivery
David Timmerman 8/17/17

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

RECEIVED
CLERK'S OFFICE
SEP 01 2017

3. Service type
 Certified Mail Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

STATE OF ILLINOIS
Pollution Control Board

Domestic Return Receipt