

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ 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. 	A. Signature X <i>R.D. Dean</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: 11/16/17 B.M. PCB 2018-023 Richard Dean 237 N 2700 East LeRoy, IL 61752	B. Received by (Printed Name)	C. Date of Delivery <i>11/2017</i>
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, July 2013	3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
7014 0510 0001 5481 1730	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes Domestic Return Receipt	

RECEIVED
 CLERK'S OFFICE
 NOV 22 2017
 STATE OF ILLINOIS
 Pollution Control Board