

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: 12/7/17 B.M.
PCB 2018-030 thru PCB 2018-32 &
PCB 2018-035
Carrie Pollard
Pipestone Veterinary Services
2435 Bethany Rd.
Sycamore, IL 60178

COMPLETE THIS SECTION ON DELIVERY

A. Signature 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

RECEIVED
CLEARING OFFICE
JAN 22 2018

STATE OF ILLINOIS
Pollution Control Board

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 7014 0510 0001 5481 2591
(Transfer from service label)
PS Form 3811, July 2013 Domestic Return Receipt