

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. 	<p>A. Signature X <i>Jodi Finley</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Jodi Finley</i> C. Date of Delivery <i>12-27-17</i></p>
<p>1. Article Addressed to: 12/21/17 B.M. PCB 2018-038 Scott H. Finley 485 N. 400th Street Sumner, IL 62466</p> <p style="text-align: center;">RECEIVED CLERK'S OFFICE JAN 03 2018 STATE OF ILLINOIS Pollution Control Board</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>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</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) 7014 0510 0001 5481 2690</p>	<p>PS Form 3811, July 2013 Domestic Return Receipt</p>