

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: 12/21/17 B.M.
 PCB 2018-039
 Michael Martz
 Larson Farms Partnership
 17520 Keslinger Road
 Maple Park, IL 60151

RECEIVED
 CLERK'S OFFICE

JAN 03 2013

STATE OF ILLINOIS
 Pollution Control Board

2. Article Number
 (Transfer from service label)

PS Form 3811, July 2013

7014 0510 0001 5481 2706

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Michael Martz

- ☐ Agent
- ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

12-26-17

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

3. Service Type

- ☒ Certified Mail®
- ☐ Registered
- ☐ Insured Mail
- ☐ Priority Mail Express™
- ☐ Return Receipt for Merchandise
- ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes