

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: 1/25/18 B.M.
PCB 2018-043
Hollis Shafer
Hollis Shafer d/b/a Hollis
Shafer Swine Farm
785 North Taylor Lane
Astoria, IL 61501

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name)
Hollis Shafer

C. Date of Delivery
5-5-18

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
(Transfer from service label)

7014 0510 0001 5481 3055

PS Form 3811, July 2013

Domestic Return Receipt

RECEIVED
CLERK'S OFFICE
MAY 7 2018
STATE OF ILLINOIS
Pollution Control