

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 <input checked="" type="checkbox"/> <i>Ed Gunning</i>	
1. Article Addressed to: 7/26/18 B.M. AC 2018-017 Edward Gunning Euroclydon, Inc. 112 E. Cerro Gordo Street Decatur, IL 62526	B. Received by (Printed Name)	C. Date of Delivery 7-30-18
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 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 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7014 0510 0001 5481 3185		PS Form 3811, July 2013 Domestic Return Receipt

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STATE OF ILLINOIS
Pollution Control Board