

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>Evelyn Morel</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>EVELYN MOREL</i> <i>4/14/17</i></p>
<p>1. Article Addressed to: 4/12/17 B.M. PCB 2016-014 Dennis G. Walsh Klein, Thorpe & Jenkins, Ltd. 20 N. Wacker Drive Suite 1660 Chicago, IL 60606</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)</p>	<p>7014 0510 00015481 1075</p>
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>	

RECEIVED
CLERK'S OFFICE
APR 19 2017
STATE OF ILLINOIS
Pollution Control Board