

**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: 5/18/17 B.M.  
 PCB 2017-058  
 James C. Leonard  
 The Carle Foundation Hospital  
 611 W. Pork  
 Urbana, IL 61801

RECEIVED  
 OFFICE  
 MAY 30 2017  
 STATE OF ILLINOIS  
 Pollution Control Board

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) F. Matthews  
 C. Date of Delivery 5-24-17

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  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 1273