

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: 10/5/17 B.M.
PCB 2018-008
Landon Guymon
1830 E. County Road 2100
Burnside, IL 62330

2. Article Number
(Transfer from service label)
PS Form 3811, July 2013

7014 0510 0001 5481 1709

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee
X Susan Dahl

B. Received by (Printed Name)
Susan Dahl

C. Date of Delivery
10/11/17

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

OCT 19 2017

STATE OF ILLINOIS
Pollution Control Board

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

4. Restricted Delivery? (Extra Fee) Yes