

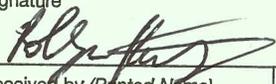
SENDER: COMPLETE THIS SECTION

- 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: 11/2/17 B.M.
 PCB 2018-014 & PCB 2018-015
 Rollyn Kuntz
 9253 N. 1290 E. Rd.
 Chenoa, IL 61726

RECEIVED
 CLERK'S OFFICE
 NOV 13 2017
 STATE OF ILLINOIS
 Pollution Control Board

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X  Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 R. KUNTZ 11-7-17

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

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 1723