

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 2018-018
Lucas Campbell
1962 E. 603rd Lane
Quincy, IL 62305

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

2. Article Number (Transfer from service label) 7014 0510 0001 5481 1761

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Lucas Campbell* Agent
 Addressee

B. Received by (Printed Name) *Yvonne Campbell* C. Date of Delivery *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