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STATE OF ILLINOIS
Pollution Control Board

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.		A. Signature <i>Ken Hildebrandt</i>	
1. Article Addressed to: 11/2/17 B.M. PCB 2018-020 Ken and Don Hildebrandt 2587 Stateline Road South Beloit, IL 61081		B. Received by (Printed Name)	C. Date of Delivery 11-14-17
2. Article Number (Transfer from service label) PS Form 3811, July 2013		D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery	
STATE OF ILLINOIS Pollution Control Board		Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7014 0510 0001 5481 2515			
Domestic Return Receipt			