

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: 1/11/18 B.M.

PCB 2010-086
Illinois Fuel Company, LLC
CT Corporation Systems
208 S. LaSalle Street
Suite 814
Chicago, IL 60604-1101

Received

JAN 18 A.M.
SOP

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

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

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

RECEIVED
CLERK
JAN 22 2018

STATE OF ILLINOIS
Pollution Control Board

B. 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 2782

PS Form 3811, July 2013 Domestic Return Receipt