

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: 12/21/17 B.M.

PCB 2018-046
Todd Dail
8571 Albany Rd.
Erie, IL 61250

RECEIVED
CLERK'S OFFICE

JAN 03 2018

STATE OF ILLINOIS
Pollution Control Board

2. Article Number
(Transfer from service label)

7014 0510 0001 5481 2751

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Rebecca R. Dail ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Rebecca R. Dail

C. Date of Delivery

12-29-17

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

Domestic Return Receipt