

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 <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>Vickie H. Wilson</i>	
	B. Received by (Printed Name) <i>Vickie H. Wilson</i>	C. Date of Delivery <i>12/27/17</i>
1. Article Addressed to: 12/21/17 B.M. AC 2018-005 Floyd & Vickie Wilson 613 Carola Street Creve Coeur, IL 61611	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
2. Article Number (Transfer from service label) 7014 0510 0001 5481 2676		
PS Form 3811, July 2013 Domestic Return Receipt		

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<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 <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>[Signature]</i>	
	B. Received by (Printed Name) RECEIVED CLERK'S OFFICE <i>[Signature]</i>	C. Date of Delivery <i>12/28</i>
1. Article Addressed to: 12/21/17 B.M. AC 2018-005 Daniel E. Houghton, R.A. Jack Taner Towing Company, Inc. 801 South 11th Street Havana, IL 62644	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No JAN 03 2018 STATE OF ILLINOIS Pollution Control Board	
3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
2. Article Number (Transfer from service label) 7014 0510 0001 5481 2669		
PS Form 3811, July 2013 Domestic Return Receipt		