

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: 2/22/18 B.M.
AC 2017-004
Francisco & Kim Ramirez
710 Monroe Street
#11
Hanover, IL 61041

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
Kimberly Ramirez Addressee

B. Received by (Printed Name)

Kimberly Ramirez

C. Date of Delivery

2-28-18

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

2. Article Number
(Transfer from service label)

7014 0510 0001 5481 2867

PS Form 3811, July 2013

Domestic Return Receipt

RECEIVED
CLERK'S OFFICE
MAR 07 2018
STATE OF ILLINOIS
Pollution Control Board