

**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 2018-007  
Dale Obermark  
6843 Midway Road  
Metropolis, IL 62960

**RECEIVED**  
FRK'S OFFICE

MAR 22 2018

ILLINOIS  
Pollution Control Board

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

*Dale Obermark*  
B. Received by (Printed Name)

C. Date of Delivery

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

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 2874

PS Form 3811, July 2013

Domestic Return Receipt