

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: 4/12/18 B.M.
PCB 2018-070 & PCB 2018-071
Ken Ochs
Wabash Valley Service Company
909 N. Court Street
Grayville, IL 62844

2. Article Number
(Transfer from service label)

7014 0510 0001 5481 3017

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Scarsol 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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

RECEIVED
CLERK'S OFFICE
APR 23 2018
STATE OF ILLINOIS
Pollution Control Board

Domestic Return Receipt