

**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: 5/10/18 B.M.  
AC 2018-010  
Clifford M. Koltzenburg  
116 Wabash Ave.  
Carthage, IL 62321

2. Article Number  
(Transfer from service label)

7014 0510 0001 5481 3086

PS Form 3811, July 2013

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

B. Received by (Printed Name)

C. Date of Delivery

- Agent
- Addressee

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

3. Service Type

- Certified Mail®
- Registered
- Insured Mail
- Priority Mail Express™
- Return Receipt for Merchandise
- Collect on Delivery

4. Restricted Delivery? (Extra Fee)

Yes

RECEIVED  
CLERK'S OFFICE  
MAY 22 2018  
STATE OF ILLINOIS  
Pollution Control Board

Domestic Return Receipt