

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: 8/23/18 B.M.
AC 2018-018
Kurt Downe
9154 North 600th Avenue
Hennepin, IL 61327

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Kurt Downe* Agent Addressee

B. Received by (Printed Name) *Kurt J. Downe* C. Date of Delivery *9-7-18*

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

RECEIVED
CLEANING OFFICE
SEP 10 2018
STATE OF ILLINOIS
Pollution Control Board

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 3277

PS Form 3811, July 2013

Domestic Return Receipt