

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ 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. 	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>Kerry Her</i>
1. Article Addressed to: 9/6/18 B.M. AC 2019-001 Rose Robinson 490 North Jefferson Roseville, IL 61473 <div style="text-align: center;"> <p>RECEIVED CLERK'S OFFICE SEP 17 2018</p> <p>STATE OF ILLINOIS Pollution Control Board</p> </div>	B. Received by (Printed Name) <i>Kerry Robinson</i> C. Date of Delivery <i>9-10-18</i> D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <i>170 W Union St</i>
2. Article Number (Transfer from service label)	3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
7014 0510 0001 5481 3338	PS Form 3811, July 2013 Domestic Return Receipt

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7014 0510 0001 5481 3321	PS Form 3811, July 2013 Domestic Return Receipt