

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: 9/20/18 B.M.
PCB 2019-056
Chad & Julia Krogman
4784 W. Valley Road
Shannon, IL 61078

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Julia Krogman* Agent Addressee

B. Received by (Printed Name) *J. Krogman* C. Date of Delivery *9-22-18*

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

RECEIVED
CLERK'S OFFICE
OCT 05 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 3369