

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: 1/17/19 B.M.
PCB 2019-082
Aaron Warner
D and A Hog Partnership
14420 N. 470th Street
Martinsville, IL 62442

2. Article Number
(Transfer from service label)

7014 0510 0001 5481 4007

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X *Aaron Warner* Addressee

B. Received by (Printed Name) *Aaron Warner* C. Date of Delivery *1-22-19*

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

RECEIVED
JAN 31 2019

STATE OF ILLINOIS

3. Service type *Pollution Control Board*
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

Domestic Return Receipt