

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: 2/28/19 B.M.
AC 2019-015
Shelby L. and Shannon D. Walsh
864 270th Street
Viola, IL 61486

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
[Handwritten Signature] Addressee

B. Received by (Printed Name) C. Date of Delivery
Linda Good 3/4/19

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

RECEIVED
MAR 11 2019

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 4038