

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  X <i>George Chandler</i> <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>George Chandler</i> C. Date of Delivery <i>6/7/19</i></p>
<p>1. Article Addressed to: 5/30/19 B.M.  PCB 2019-104  George Chandler  1627 Township Rd. 2650 N.  Oquawka, IL 61469</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>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</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number  (Transfer from service label) 7014 0510 0001 5481 4403</p>	
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>	

RECEIVED  
CLERKS OFFICE

JUN 07 2019

STATE OF ILLINOIS  
Pollution Control Board