

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: 4/11/19 B.M.
 PCB 2019-094
 Gary Blanchard
 17128 217th Street West
 Illinois City, IL 61259

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below:
 MAY 02 2019

STATE OF ILLINOIS
 Pollution Control Board

3. Service Type
 Certified Mail®
 Registered
 Insured Mail
 Priority Mail Express™
 Return Receipt for Merchandise
 Collect on Delivery
4. Restricted Delivery? (Extra Fee) Yes

2. Article Number 7014 0510 0001 5481 4243