

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ 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. 	A. Signature <i>[Handwritten Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: 3/23/17 B.M. PCB 2017-049 Matthew Young 11698 Laurence Road Summer, IL 62466 <div style="text-align: center; color: red; font-weight: bold;"> RECEIVED CLERK'S OFFICE APR 05 2017 STATE OF ILLINOIS Pollution Control Board </div>	B. Received by (Printed Name) Doug Johnston	C. Date of Delivery 3-29-17
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No 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	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7014 0510 0001 5481 0986		PS Form 3811, July 2013 Domestic Return Receipt