

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: 1/19/17 B.M.
PCB 2011-079
Kristen Laughridge Gale
Nijman Franzetti LLP
10 S. LaSalle Street
Suite 3600
Chicago, IL 60603

2. Article Number
(Transfer from service label)

7014 0510 0001 5481 0580

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *WS*

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?
If YES, enter delivery address below:

Yes

No

RECEIVED
CLERK'S OFFICE
1/24
JAN 27 2017

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