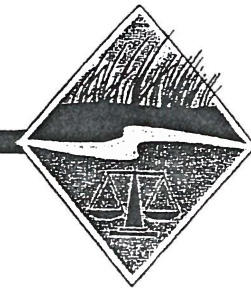


# ILLINOIS POLLUTION CONTROL BOARD



Date \_\_\_\_\_

Number of pages including cover sheet \_\_\_\_\_

TO:

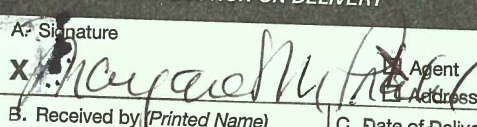
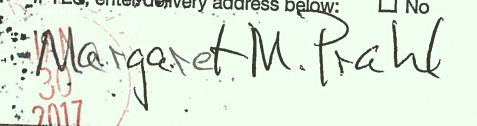
FROM:

Phone \_\_\_\_\_

Fax Phone \_\_\_\_\_

CC: \_\_\_\_\_

REMARKS:  Urgent  F

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    <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: 1/19/17 B.M.                      PCB 2010-084                      Charles T. Patterson                      Patterson &amp; Pahl LLP                      20543 Little Water Lane                      P.O. Box 767                      Custer, SD 57730-0767</p>	<p>B. Received by (Printed Name) _____                      C. Date of Delivery 11/30/17</p>	
	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes                      If YES, enter delivery address below: <input type="checkbox"/> No                        399                      2017</p>	
<p>2. Article Number                      (Transfer from service label) 7014 0510 0001 5481 2485</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>PS Form 3811, July 2013 Domestic Return Receipt</p>		

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