

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: 10/6/11 B.M.
 AC 2011-027
 Mark V. Kelly
 112 West D. Street
 P.O. Box 5
 Alpha, IL 61413-0005

2. Article Number
 (Transfer from service label) 7011 0110 0001 8269 9574

COMPLETE THIS SECTION ON DELIVERY

A. Signature

K. Grabowski

 Agent Addressee

B. Received by (Printed Name)

K. GRABOWSKI

C. Date of Delivery

10-11-11

D. Is delivery address different from item 1? YesIf YES, enter delivery address below: No

RECEIVED
CLERK'S OFFICE

OCT 14 2011

STATE OF ILLINOIS
Pollution Control Board

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes