

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: 4/12/17 B.M.

PCB 2016-015
David J. Freeman
Robbins, Schwarts, Nicholas,
Lifton & Taylor, Ltd.
631 E. Boughton Road
Suite 200
Bolingbrook, IL 60440

COMPLETE THIS SECTION ON DELIVERY

Signature Agent
 Addressee

X *Meg Murray*
B. Received by (Printed Name)
Meg Murray

C. Date of Delivery
4/12/17

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

RECEIVED
CLERK'S OFFICE
APR 17 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

2. Article Number (Transfer from service label) 7014 0510 0001 5481 1105
Domestic Return Receipt

PS Form 3811, July 2013