

**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 2016-025  
W. Grant Farrar  
Corporation Counsel  
2100 Ridge Road  
Suite 4400  
Evanston, IL 60201

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
*Chaska*  Addressee  
B. Received by (Printed Name) *A. Temer*  
C. Date of Delivery *4/17/17*  
D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

**RECEIVED**  
CLERK'S OFFICE

MAY 3 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 1167  
PS Form 3811, July 2013 | Domestic Return Receipt