

**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: 8/17/17 B.M.  
 PCB 2010-061  
 Dale A. Guariglia  
 Bryan Cave, LLP  
 One Metropolitan Square  
 211 North Broadway, suite 3600  
 St. Louis, MO 63102-2750

2. Article Number  
 (Transfer from service label) 7014 0510 0001 5481 1549

PS Form 3811, July 2013 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

**RECEIVED**  
 CLERK'S OFFICE  
 SEP 01 2017

STATE OF ILLINOIS  
 Pollution Control Board

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1. Article Addressed to: 8/17/17 B.M.  
 PCB 2010-061  
 Erin L. Brooks  
 Bryan Cave LLP  
 One Metropolitan Square  
 211 North Broadway, Suite 3600  
 St. Louis, MO 63102

2. Article Number  
 (Transfer from service label) 7014 0510 0001 5481 1594

PS Form 3811, July 2013 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

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