

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: 8/23/18 B.M.
PCB 2019-045
Dave Warner
14420 N. 470th Street
Martinsville, IL 62442

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
x Dave Warner Addressee

B. Received by (Printed Name) C. Date of Delivery
Dave Warner **RECEIVED** 9/5/18

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

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 3260

PS Form 3811, July 2013 Domestic Return Receipt