

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ 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. 	A. Signature X <i>Mark A Phillips</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: 8/23/18 B.M. PCB 2019-046 Mark Phillips 13160 E. 400th Avenue Newton, IL 62448	B. Received by (Printed Name) <i>Mark A Phillips</i>	C. Date of Delivery 9-04-18
<p style="text-align: center; color: red; font-weight: bold;">RECEIVED CLERK'S OFFICE SEP 17 2018 STATE OF ILLINOIS Pollution Control Board</p>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
2. Article Number (Transfer from service label)	3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
PS Form 3811, July 2013	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes Domestic Return Receipt 7014 0510 0001 5481 3291	