

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: 4/26/19 B.M.

PCB 2019-099
Trenten Zwicker
13616 104th Street
Coal Valley, IL 61240

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name)
Trenten Zwicker

C. Date of Delivery
5/2/19

D. Is delivery address different from item 1?
If YES, enter delivery address below:
MAY 02 2019

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 4342
Domestic Return Receipt

PS Form 3811, July 2013