

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: 3/14/19 P.M.
PCB 2019-062
L and W Agents, Inc.
3551 7th Street
Suite 110
Moline, IL 61265

RECEIVED
MAR 22 2019
STATE OF ILLINOIS
Pollution Control Board

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Chimere Woods* Agent
 Addressee

B. Received by (Printed Name) *Chimere Woods* C. Date of Delivery *03/18/19*

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

MAR 18 2019

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 4182

PS Form 3811, July 2013

Domestic Return Receipt