

U.S. Postal Service<sup>SM</sup>  
**CERTIFIED MAIL<sup>SM</sup> RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To: OFFICE OF LEGAL SERVICES  
 ILL. DEPARTMENT ON NATURAL RESOURCES  
 Street, Apt. No., or PO Box No.: ONE NATURAL RESOURCE WAY  
 City, State, ZIP+4: SPRINGFIELD, IL 62702-1271

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p>B. Recipient (Printed Name) <span style="float: right;">C. Date of Delivery</span></p> <p style="text-align: right; font-weight: bold;">APR 04 2014</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes                  If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="font-size: 1.2em;">OFFICE OF LEGAL SERVICES                  ILLINOIS DEPT OF NATURAL RESOURCES                  ONE NATURAL RESOURCE WAY                  SPRINGFIELD, IL                  62702-1271</p>	<p>Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number                  (Transfer from service label)</p>	<p style="font-size: 1.2em; text-align: center;">7012 1010 0001 7915 6803</p>
PS Form 3811, February 2004 <span style="margin-left: 100px;">Domestic Return Receipt</span> <span style="float: right;">102595-02-M-1540</span>	

<b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICIAL USE</b>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
	
Sent to Division of Legal Counsel Illinois ENVIRONMENTAL PROTECTION AGENCY Street, Apt. No., or PO Box No. 1821 N Grand East City, State, ZIP+4 Springfield IL 62794-9276	
PS Form 3800, August 2006 See Reverse for Instructions	

7012 1010 0001 7915 6810

<p><b>SENDER: COMPLETE THIS SECTION</b></p> <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:                  Division of Legal Counsel                  Illinois Environmental Protection Agency                  1821 N Grand Ave East                  P.O. Box 19276                  Springfield IL 62794-9276</p> <p>2. Article Number                  (Transfer from service label) <b>7012 1010 0001 7915 6810</b></p>	<p><b>COMPLETE THIS SECTION ON DELIVERY</b></p> <p>A. Signature <input checked="" type="checkbox"/> Agent                  [Signature] 18 Grand Avenue East                  P.O. Box 19276                  Illinois 62794-9276 <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent                  APR 07 2014 <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes                  If YES, enter delivery address below: <input type="checkbox"/> No                  [Signature]</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merch. <input type="checkbox"/> Ins.  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	