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KENNETH C. SHEPRO
(312) 715-4630
sheprok@althaimer.com



10 SOUTH WACKER DRIVE
CHICAGO, ILLINOIS 60606-7482
TEL: (312) 715-4000
FAX: (312) 715-4800

December 23, 1999



HAND DELIVERY

Honorable Patricia Buchenau
Village Clerk
Village of Elwood
201 East Mississippi Street.
Elwood, Illinois 60421

Re: Application for Text Amendment to Zoning Ordinance

Dear Madam Clerk:

On behalf of our client, CenterPoint Properties Trust, a Maryland Real Estate Investment Trust (the "Applicant"), we hereby apply for a text amendment to the Village of Elwood Zoning Ordinance, as previously amended, to provide for a new zoning district classification, to be entitled, "Large Scale Industrial Planned Developments."

A copy of the proposed text amendment, as well as a proposed form of notice of public hearing on same, accompanies this application. We would appreciate your causing this notice to be published as provided by law.

Sincerely,

A handwritten signature in black ink, appearing to read "Kenneth C. Shepro".
Kenneth C. Shepro

KCS:rmp
Enclosures

cc: Honorable John Hancock, Chairman, Plan Commission
Honorable James Clementi, Mayor
Edward P. Graham, Esq.
David J. Silverman, Esq.
Rodney Tonelli, AICP
Philip R. McKenna
CenterPoint Distribution List

- FOR RECORDER'S USE -

ORDINANCE NO. 619

**AN ORDINANCE AMENDING "THE OFFICIAL ZONING ORDINANCE" KNOWN AS
ORDINANCE 506 AND AMENDMENTS THERETO KNOWN AS ORDINANCE 530, OF
THE VILLAGE OF ELWOOD, WILL COUNTY, ILLINOIS**

Prepared by and return to: LAW OFFICES OF EDWARD P. GRAHAM, LTD., 1112 South
Washington Street, Suite 212, Naperville, IL 60540

ORDINANCE 619

AN ORDINANCE AMENDING
"THE OFFICIAL ZONING ORDINANCE"
KNOWN AS ORDINANCE 506 AND AMENDMENTS THERETO
KNOWN AS ORDINANCE 530,
OF THE VILLAGE OF ELWOOD
WILL COUNTY, ILLINOIS

WHEREAS, the Village of Elwood, Will County, Illinois, is a home rule municipal corporation of the State of Illinois exercising powers granted to it by the Constitution and laws of the State of Illinois; and

WHEREAS, pursuant to the provisions of the Illinois Municipal Code, as amended, and Village's home rule powers, the Village has heretofore enacted an ordinance known as, "The Official Zoning Ordinance" of the Village of Elwood, Ordinance No. 506 (the "Zoning Ordinance"); and

WHEREAS, the Zoning Ordinance has been amended from time to time; and

WHEREAS, CenterPoint Properties Trust, a Maryland Real Estate Investment Trust, has heretofore filed a petition for a text amendment to the Zoning Ordinance requesting the establishment of a new zoning classification to be called, "Large Scale Industrial Planned Development District (I-4)"; and

WHEREAS, the Plan Commission of the Village, being the body duly designated by statute and ordinance has heretofore conducted a Public Hearing on the application for text amendment; and

WHEREAS, notice of said public hearing was given and published as required by law and the Ordinances of the Village and the said public hearing was conducted in a manner conforming to law; and

WHEREAS, the Plan Commission has duly submitted its report and recommendations to the corporate authorities of the Village recommending approval of the application; and

WHEREAS, the corporate authorities of the Village have considered the same; and

WHEREAS, the corporate authorities of the Village deem it to be in the best interest of the Village to amend the Official Zoning Ordinance of the Village to establish a new zoning district to be known as Large Scale Industrial Planned Development District (I-4);

NOW THEREFORE, BE IT ORDAINED by the Village President and the Board of Trustees of the Village of Elwood, Will County, Illinois, as follows:

Section 1. The following language will be added to the Village of Elwood Zoning Ordinance No. 506, as amended by Ordinance No. 530 as follows:

I-4 - Large Scale Industrial Planned Development District

I. Purpose:

The purpose of a Large Scale Industrial Planned Development is to permit:

1. Large-scale industrial development that would not be possible under the strict application of the other sections of this ordinance.
2. A creative approach to the use of land and related physical facilities that results in better development and design.
3. An efficient use of the land resulting in more economic networks of utilities, streets, and other facilities.
4. A land use which promotes the public health, safety, comfort, morals, and welfare.
5. Developers of large-scale and complex industrial projects to have the flexibility to complete those projects.

The I-4 District is intended to provide for large-scale developments incorporating a variety of industrial, manufacturing, intermodal rail, commercial or business uses which are planned and developed as a unit or in multiple phases. Such development may consist of conventional subdivided lots or provide for development by a special industrial planned development Concept Plan which establishes the general location and extent of the features of the special industrial planned unit development.

II. Minimum Land Area: A Large Scale Industrial Planned Development shall be approved only on contiguous parcels of 1500 acres or more, under single ownership or unified development control, subject to an overall site development plan.

III. Allowable Uses:

A. Category A: Intermodal and related uses.

Permitted Uses:

1. Intermodal, rail and truck facilities, including switching yards, freight yards, maintenance facilities, buildings customarily accessory to a railroad yard; outdoor and indoor storage of motor vehicles, freight, and materials.
2. Uses specified as either permitted or special uses in the I-2 Industrial District.
3. Uses and buildings accessory to the foregoing.
4. Governmental offices and facilities.
5. Public or private utilities, including, but not limited to water wells, water treatment plants, pumping stations, sewage treatment plants, lift stations, electric power generation plants, substations and facilities necessarily accessory thereto.

B. Category B: Industrial Park Uses.

Permitted Uses:

1. Industrial warehouse and distribution facilities.
2. Office uses.
3. Light manufacturing and assembly.
4. Uses and buildings accessory to the foregoing.

Conditional Uses:

1. Hotels and motels.
2. Gasolines service stations, including truck stops with sleeping facilities, restaurants and retail uses.
3. Restaurants, including fast food restaurants with drive-through facilities.
4. Banks or other financial institutions with drive-up facilities and automatic teller machines (ATM).
5. Governmental offices and facilities.
6. Public or private recreation facilities, including parks.

7. Public or private utilities, including, but not limited to water wells, water treatment plants, pumping stations, sewage treatment plants, lift stations, electric power generation plants, substations and facilities necessarily accessory thereto.
8. Business uses as set forth as permitted or special uses in C-1 and C-2 Districts.

C. Category C: Residential Protection Zone.

Permitted Uses:

1. Industrial warehouse and distribution facilities.
2. Office uses.
3. Light manufacturing and assembly.
4. Hotels and Motels.
5. Restaurants, including fast-food restaurants with drive-through facilities.
6. Business uses as set forth as permitted or special uses in the C-1 Local Shopping Center District except residential uses.
7. Banks or other financial institutions with drive-up facilities and automatic teller machines (ATM).
8. Government offices and facilities.
9. Public or private recreation facilities, including parks.
10. Public or private utilities but specifically excluding water treatment plants, sewage treatment plants, electric power generation plants.
11. Uses and buildings accessory to the foregoing.

IV. Site and Structure Requirements:

- A. Minimum lot area: No minimum lot area is established in this District. However, lot dimensions shall be sufficient to meet the remaining density and dimensional regulations.

- B. Minimum lot width: 150 feet

- C. Building Setback Requirements:

Front yard: not less than 40 feet, if the maximum building height does not exceed 35 feet (exclusive of towers, lift equipment, HVAC and similar facilities). For buildings with a height in excess of 35 feet, the front yard setback shall be increased by one foot for each additional two feet of building height, to a maximum of one hundred (100) feet.

Side yard - 10 feet

Rear yard - 10 feet

Exception: Building setback requirements described above for side and rear yards adjacent to a railroad siding shall not be applicable.

- D. Green space requirement: All lots or parcels shall have a front yard green space in which no improvements other than landscaping shall be permitted (utility pedestals and boxes and underground utilities shall not be prohibited by this requirement).

Green space setback:

Along primary roadways as designated in the concept plan the green space setback shall be thirty (30) feet.

Along all other public and private roadways in the development the green space setback shall be ten (10) feet

Green space Landscaping:

At least fifty percent of the required front yard green space area shall be landscaped with trees, shrubs. The remainder of the required area may be landscaped with turf grass or other ground covers approved by the Village. Wherever practical, berms should be used in conjunction with the landscaping.

E. Maximum lot coverage.

Maximum lot coverage permitted in this category shall be subject only to compliance with the bulk regulations and set backs herein specified.

F. Adjacency to a Residential District: Where any yard in this District abuts an existing residential zoning district, no building shall be erected within 50 feet of the residential lot line if the building height does not exceed 35 feet. For buildings with a height in excess of 35 feet, the setback from a residential lot line shall be increased by one foot for each additional two feet of building height, to a maximum of one hundred (100) feet.

G. Adjacency to Maple Hill Cemetery - Where any yard in this district abuts the property line of Maple Hill Cemetery, no building or structure shall be erected within eighty (80) feet of the cemetery's property line.

H. Exception for Category A Uses - Category A Uses (as shown on an approved Concept Plan) shall not be subject to any setback regulations set forth herein, except for the residential district setback.

I. Other regulations and standards.

1. Off-Street Parking and Loading

Off-street parking and loading shall be provided in accordance with Section 8 of the Zoning Ordinance.

2. Landscaping Requirements.

General: The perimeter of all Large Scale Industrial Planned Developments shall be landscaped with a berm, seeded or sodded and improved with trees and shrubs if adjacent to any property either zoned for residential use or improved with an occupied residence within 250 feet of any property line of the large scale industrial planned development.

Category A: No landscaping required except that the Village may reasonably require perimeter berms or landscaping to screen such areas from adjacent residential property, public rights-of-way, or other roadways.

Category B: (a) Green space requirement as per paragraph D above. There shall be a minimum 10 foot landscaped area adjacent to any

public or private roads. The landscape buffer provided herein may be included in any calculation of the minimum front yard on any lot. The landscape buffer area shall be landscaped with trees, shrubs or other natural plant material.

(b) All building entryways shall be landscaped with trees or shrubs.

(c) All foundation areas shall be landscaped.

Category C: (a) All areas within Category C shall be landscaped in accordance with the requirements applicable to Category B above.

(b) All parking areas in Category C shall be landscaped in accordance with the following:

Curbed, landscaped islands shall be provided at the end of each parking row. No more than twenty (20) adjacent parking spaces shall be located in a single parking row without a landscaped island.

Islands or medians shall be a minimum of six (6) feet in width as measured from back of curb to back of curb.

Islands or medians shall be landscaped with trees, shrubs and other ground covers or turf grass. Shrubs and ground covers shall have a maximum height of thirty (30) inches.

3. Sidewalks: shall be not required in the Category A or Category B subdistricts except on primary or secondary roadways.

4. Declaration of Covenants, Conditions and Restrictions.

Contemporaneous with the approval of any final plat of subdivision in a Large Scale Industrial Planned Development, the owner and developer shall prepare and record a declaration of covenants, conditions, easement and restrictions for that portion of the development, providing, *inter alia*, for a property owner's association (which may be an addition to an existing association) with authority to impose assessments for maintenance and improvements within the platted area.

V. Approval Process

Procedure: A Large Scale Industrial Planned Development shall be granted in accord with the following procedures and may depart from the normal procedures, standards, and other requirements of this ordinance. Applications shall be accompanied by the required plats and documents.

- A. Pre-Hearing Procedure, Conference;** Prior to the filing of an application for approval of a Large Scale Industrial Planned Development, the developer shall request an informal meeting with the Plan Commission to discuss the conceptual development of the land in conjunction with the Village land use plan. The pre-hearing conference is mandatory but does not require formal application, fee, or filing of a Concept Plan.
- B. Concept Plan:** A Concept Plan for a Large Scale Industrial Planned Development shall be submitted to the President and Board of Trustees, who shall refer same to the Plan Commission for public hearing, report, and recommendation as to whether or not the President and Board of Trustees shall grant approval.

1. Concept Plan Requirements:

The Concept Plan shall include, at a minimum, the following information and data:

- a. Boundaries delineating each Use Category (A, B, or C) and the proposed limits of each category on the subject property.
- b. Primary and Secondary roadways, whether public or private, shall be delineated on the concept plan and labeled as "primary" or "secondary". Local roads or access road need not be shown.
- c. Any planned permanent open space or conservation areas should be delineated on the concept plan.
- d. Any other improvements necessary to portray the overall concept and guide the preliminary and final plats and plans should be shown on the concept plan.

2. Concept Plan Procedure:

- a. The Plan Commission shall hold a public hearing on the application, giving notice of the time and place not more than thirty (30) nor less than fifteen (15) days before the hearing publishing a notice thereof at least once in newspaper published or having general circulation within the Village.

- b. Copies of the Concept Plan and supporting data shall be submitted to the Village Engineer and Village Planner for certification as to conformity with these regulations, recommendations, and suggestions regarding the overall design, if any.
- c. Following the public hearing and review of the Concept Plan and supporting data for conformity to these regulations, the Plan Commission shall, within thirty (30) days recommend approval, modification, or disapprove and the reasons therefor, to the President and Village Board.
- d. As a condition to the approval of the Concept Plan, the Plan Commission shall set forth in a separate communication to the President and Board of Trustees, findings of fact, on which they base the approval.
- e. The President and Board of Trustees after receipt of the Concept Plan from the Plan Commission, shall approve, modify, or disapprove. In the case of approval, or approve with modification, the Village Board shall pass an ordinance approving the Concept Plan and indicate their approval upon the plat, and arrange zoning modifications as necessary. The Village Board may require such special conditions as they may deem necessary to insure conformance with the intent of Comprehensive Plan, and the stated purposes of this zoning district.
- f. Approval of a Concept Plan shall not constitute approval of the final plan. Rather it shall be deemed an expression of approval to the design concept and site submitted on the Concept Plan and a guide to the preparation of the final plat which will be submitted for approval of the Village and subsequent recording upon the fulfillment of the requirements of these regulations and conditions of the preliminary approval, if any. Preliminary and Final Plats shall be approved if they conform to the purpose and intent of the Concept Plan.
- g. A preliminary and final plat may be filed and approved simultaneously.

C. Preliminary Plat

1. Preliminary Plat Requirements:

The Preliminary Plat shall conform substantially with the approved Concept Plan. The Preliminary Plat Requirements for a Large Scale Planned Industrial Development shall be the same as those established in Ordinance 507, "An Ordinance Establishing Subdivision and Development Regulations of the Village of

Elwood, Will County, Illinois except that, in addition, to these requirements, the applicant shall submit a preliminary landscape plan.

2. Preliminary Plat Procedure:

The Preliminary Plat Procedure for a Large Scale Planned Industrial Development shall be the same as those established in Ordinance 507, "An Ordinance Establishing Subdivision and Development Regulations of the Village of Elwood, Will County, Illinois.

D. Final Plat and Final Engineering Plan

1. Final Plat and Final Engineering Plan Requirements:

The Final Plat and Final Engineering Plan shall conform substantially with the approved Concept Plan and approved Preliminary Plat. The Final Plat and Final Engineering Plan Requirements for a Large Scale Planned Industrial Development shall be the same as those established in Ordinance 507, "An Ordinance Establishing Subdivision and Development Regulations of the Village of Elwood, Will County, Illinois.

2. Final Plat and Final Engineering Plan Procedure:

The Final Plat and Final Engineering Plan Procedure for a Large Scale Planned Industrial Development shall be the same as those established in Ordinance 507, "An Ordinance Establishing Subdivision and Development Regulations of the Village of Elwood, Will County, Illinois.

VI. Changes in the Large Scale Industrial Planned Unit Development:

The Large Scale Industrial Planned Development project shall be developed only according to the approved Final Plat and Final Engineering Plans and all supporting data. The Concept Plan, Preliminary Plat, Final Plat and supporting data, together with all recorded amendments shall be binding on applicant, their successors, grantees, and assigns and shall limit and control the use of premises and location of structures in the Large Scale Industrial Planned Development.

- A. Major Changes. Changes which materially alter the concept or intent of the development may be approved only by submission of a new Preliminary Plat and supporting data and following the "preliminary approval" steps and subsequent amendment of the Concept Plan and Preliminary Plat.

All changes to the final plat shall be recorded with the County Recorder of Deeds as amendments to the final plat or reflected in the recording of a new "corrected final plat."

- B. Minor Changes: The Village Board may approve minor changes, errors, or omissions, in the development which do not change the concept or intent of the development, without going through the "preliminary approval" steps. Minor changes shall be any change which are not material change to the concept or intent of the development.

VII. Findings Required

The Plan Commission shall provide findings of fact setting forth the reasons for its recommendation, and as findings shall set forth with particularity in which respects the proposal would serve the public interest including but not limited to findings of fact on the following:

- A. The extent to which the proposed plan is consistent with the stated purpose of the Large Scale Industrial Planned Development regulations.
- B. The extent to which the proposed plan meets the requirements and standards of this zoning district.
- C. The physical design of the proposed plan and the manner in which said design makes adequate provision for public services and provides adequate control over vehicular traffic.
- D. The relationship and compatibility of the proposed plan to the adjacent properties and neighborhood.
- E. The desirability of the proposed plan to physical development, tax base and economic well-being of the entire community.

X. Conditions and Guarantees

Prior to the approval of a Concept Plan, the Plan Commission may recommend, and the Village Board may stipulate, such conditions and restrictions upon the establishment, location, design, layout, height, density, construction, maintenance, aesthetics, operation and other elements of the special industrial planned unit development as deemed necessary for the protection of the public interest, improvement of the development, protection of the adjacent area, and to secure compliance with the standards specified. In all cases in which a Large Scale Industrial Planned development is granted, the Village Board shall require such evidence and guarantees as are appropriate to insure compliance with the conditions set forth in the development approval.

Section 2. The Village Clerk is hereby directed to record with the Recorder of Deeds and to file with the County Clerk a certified copy of this Ordinance.

Section 3. All Ordinances of the Village of Elwood inconsistent herewith, to the extent of such inconsistency and no further, are hereby repealed upon the effective date hereof.

Section 4. Should any Section, Subsection or other provision of this Ordinance for any reason be held invalid or unconstitutional by the decision of any court of competent jurisdiction, such decision shall not effect the validity of the Ordinance as a whole or any part not declared invalid.

Section 5. The Village Clerk is hereby authorized and directed to publish this Ordinance, by publication in pamphlet form for general distribution in the manner provided by law.

Section 6. This Ordinance shall be in full force and effect from and after its passage, approval, and publication in pamphlet form as provided by law.

PASSED BY THE VILLAGE BOARD of the Village of Elwood, Illinois at a meeting held on the 5TH day of JULY, 2000, and approved by me as Village President.

AYES: 6

NAYS: 0

ABSENT: 0

PASSED and APPROVED this 5TH day of JULY, 2000.


JAMES CLEMENTI, Village President

ATTEST:


PATRICIA BUCHENAU, Village Clerk



PASSED: This 5TH day of JULY, 2000.

APPROVED: This 5TH day of JULY, 2000.

PUBLISHED: This 41ST day of JULY, 2000.

CERTIFICATE

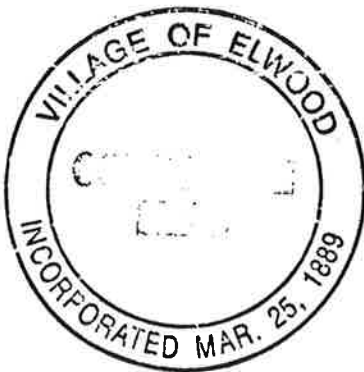
I, Patricia L. Buchenau, DO HEREBY CERTIFY THAT I am the Village Clerk for the Village of Elwood, Will County, Illinois and as such Officer, I have the lawful power and duty to keep a record of all proceedings of the Village Board of Trustees of said Village, and of all Ordinances and Resolutions presented to or passed by said Village Board of Trustees.

I DO HEREBY FURTHER CERTIFY that the foregoing document is a true, correct and complete copy of:

ORDINANCE NO. 619
AN ORDINANCE AMENDING "THE OFFICIAL
ZONING ORDINANCE" KNOWN AS ORDINANCE
506 AND AMENDMENTS THERETO KNOWN AS
ORDINANCE 530, OF THE VILLAGE OF ELWOOD,
WILL COUNTY, ILLINOIS

Which was approved on July 5, 2000, is now on file in my office and that the proceedings of the Village Board of Trustees at the meeting duly called and held on July 5, 2000 were in accordance with applicable laws, at which a quorum was present and acting throughout.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Corporate Seal of the Village of Elwood, in the State of Illinois this 21st day of July 2000.



Patricia L. Buchenau
Patricia L. Buchenau
Village Clerk

KENNETH C. SHEPRO
(312) 715-4630
sheprok@altheimer.com



10 SOUTH WACKER DRIVE
CHICAGO, ILLINOIS 60606-7482
TEL: (312) 715-4000
FAX: (312) 715-4800

December 23, 1999



HAND DELIVERY

Honorable Patricia Buchenau
Village Clerk
Village of Elwood
201 East Mississippi Street.
Elwood, Illinois 60421

Re: Application for Map Amendment and Approval of Concept Plan

Dear Madam Clerk:

On behalf of our client, CenterPoint Properties Trust, a Maryland Real Estate Investment Trust (the "Applicant"), we hereby apply for a map amendment to the Village of Elwood Zoning Map to provide for classification of the property described on the two pending petitions for annexation filed by the United States of America and CenterPoint Realty Services, Inc., which are incorporated herein as a Large Scale Industrial Planned Development, upon annexation to the Village, and for approval of a concept plan of development for the said property.

Accompanying this application is a copy of our proposed concept plan and other supporting materials, as well as a proposed notice of public hearing on our application.

We would appreciate your causing the enclosed notice to be published as provided by law.

Sincerely,

A handwritten signature in black ink, appearing to read "Kenneth C. Shepro". Below the signature is a horizontal line, and the name "Kenneth C. Shepro" is printed in a small, sans-serif font.

KCS:rmp
Enclosures

cc: Honorable John Hancock, Chairman, Plan Commission
Honorable James P. Clementi, Mayor
Edward P. Graham, Esq.
David J. Silverman, Esq.
Rodney Tonelli, AICP
Philip R. McKenna
CenterPoint Distribution List

CHICAGO WASHINGTON, D.C. WARSAW PRAGUE
KYIV BRATISLAVA ISTANBUL SHANGHAI BUCHAREST LONDON

- FOR RECORDER'S USE -

ORDINANCE NO. 620

**AN ORDINANCE AMENDING THE ZONING MAP FOR THE VILLAGE OF ELWOOD
REZONING CERTAIN PROPERTY KNOWN AS THE CENTERPOINT PROPERTY
FROM A-1 (WILL COUNTY) TO I-4 LARGE SCALE INDUSTRIAL PLANNED
DEVELOPMENT DISTRICT**

Prepared by and return to: LAW OFFICES OF EDWARD P. GRAHAM, LTD., 1112 South
Washington Street, Suite 212, Naperville, IL 60540

ORDINANCE NO. 620

AN ORDINANCE
AMENDING THE ZONING MAP FOR THE VILLAGE OF ELWOOD
REZONING CERTAIN PROPERTY KNOWN AS
THE CENTERPOINT PROPERTY
FROM A-1 (WILL COUNTY) TO I-4
LARGE SCALE INDUSTRIAL PLANNED DEVELOPMENT DISTRICT

PASSED AND APPROVED BY
THE PRESIDENT AND BOARD OF TRUSTEES
THE 5th DAY OF JULY, 2000

Published in pamphlet form by authority
of the corporate authorities of the
Village of Elwood, Will County, Illinois,
the _____ day of _____, 2000.

ORDINANCE NO. 620

AN ORDINANCE
AMENDING THE ZONING MAP FOR THE VILLAGE OF ELWOOD
REZONING CERTAIN PROPERTY KNOWN AS
THE CENTERPOINT PROPERTY
FROM A-1 (WILL COUNTY) TO I-4
LARGE SCALE INDUSTRIAL PLANNED DEVELOPMENT DISTRICT

WHEREAS, a duly noticed public hearing was held on the proposed rezoning, and the request was reviewed by the Village of Elwood Plan Commission and received its approval on February 8, 2000, by a vote of 6-0, indicating that the request complies with the requirements and criteria set forth in the Official Zoning Ordinance of the Village of Elwood, and its subsequent amendments, for a zoning map amendment, and the proposed rezoning is in conformance with the Village of Elwood Comprehensive Plan and is compatible with adjacent land uses; and

WHEREAS, the aforesaid property has recently been annexed to the Village of Elwood;

NOW THEREFORE, BE IT ORDAINED BY THE PRESIDENT AND BOARD OF TRUSTEES OF THE VILLAGE OF ELWOOD, ILLINOIS IN THE EXERCISE OF ITS HOME RULE AND STATUTORY AUTHORITY, AS FOLLOWS:

Section 1. Map Amendment and Rezoning. That the zoning map of the Village of Elwood shall be amended by zoning and classifying the property commonly known as the CenterPoint property and legally described in Exhibit "A", attached hereto and made a part of this Ordinance as a Large Scale Industrial Planned Development District (I-4).

Section 2. Repealer. All other provisions of the Official Zoning Ordinance for the Village of Elwood, and its subsequent amendments shall remain in full force and effect.

Section 3. Severability. This Ordinance and every provision thereof, shall be considered severable. In the event that any court of competent jurisdiction may find and declare any word, phrase, clause, sentence, paragraph, provision or section or part of a phrase, clause, sentence, paragraph, provision or section of this Ordinance is void or unconstitutional, the remaining words, phrases, clauses, sentences, paragraphs and provisions and parts of phrases, clauses, sentences, paragraphs, provisions and sections not ruled void or unconstitutional shall continue in full force and effect.

Section 4. Effective Date. That this Ordinance shall be in full force and effect from and after its passage, approval and adoption in pamphlet form as provided by law.

PASSED BY THE VILLAGE BOARD of the Village of Elwood, Illinois at a meeting held on the 5TH day of JULY, 2000, and approved by me as Village President.

AYES: 6

NAYS: 0

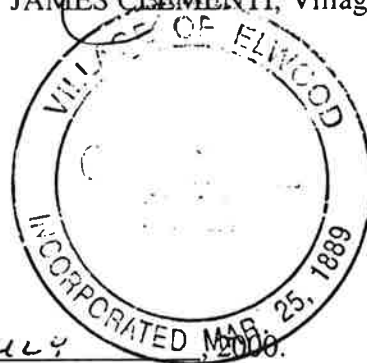
ABSENT: 0

PASSED and APPROVED this 5TH day of JULY, 2000.


JAMES CLEMENTI, Village President

ATTEST:


PATRICIA BUCHENAU, Village Clerk



PASSED: This 5TH day of JULY, 2000.

APPROVED: This 5TH day of JULY, 2000.

PUBLISHED: This 21ST day of JULY, 2000.

EXHIBIT "A"

Legal Description of Subject Property

Parcel 1 - (Steffes Farm)

THAT PART OF SECTIONS 29 AND 30 IN TOWNSHIP 34 NORTH RANGE 10 EAST OF THE THIRD PRINCIPAL MERIDIAN, WILL COUNTY, ILLINOIS DESCRIBED AS FOLLOWS: BEGINNING AT THE NORTHEAST CORNER OF SAID SECTION 30; THENCE SOUTH ALONG THE EAST LINE OF THE NORTHEAST QUARTER TO A POINT WHICH IS 630.30 FEET NORTH OF THE SOUTHEAST CORNER OF THE NORTHEAST QUARTER OF THE SAID NORTHEAST QUARTER OF SECTION 30; SAID POINT BEING THE NORTHEAST CORNER OF THE LAND CONVEYED BY A DOCUMENT NO. R95-9474, THENCE WEST ALONG A LINE PERPENDICULAR TO SAID EAST LINE, SAID LINE ALSO BEING THE NORTH LINE OF THE LAND CONVEYED BY SAID DOCUMENT NO. R95-9474, A DISTANCE OF 350.00 FEET; THENCE SOUTH ALONG A LINE PARALLEL WITH THE SAID EAST LINE OF THE NORTHEAST QUARTER SAID LINE ALSO BEING THE WEST LINE OF THE LAND CONVEYED BY SAID DOCUMENT NO. R95-9474, A DISTANCE OF 608.28 FEET TO THE CENTERLINE OF MISSISSIPPI AVENUE; THENCE EASTERLY ALONG SAID CENTERLINE OF MISSISSIPPI AVENUE TO THE AFORESAID EAST LINE OF THE NORTHEAST QUARTER THENCE SOUTH ALONG SAID EAST LINE 40.00 FEET TO THE SOUTH LINE OF MISSISSIPPI AVENUE AS ESTABLISHED IN THE ORIGINAL VILLAGE OF ELWOOD; THENCE WESTERLY ALONG THE SAID SOUTH LINE OF MISSISSIPPI AVENUE AS EXTENDED FROM ORIGINAL VILLAGE OF ELWOOD 210.00 FEET; THENCE SOUTH ALONG A LINE PARALLEL WITH THE AFORESAID EAST LINE OF THE NORTHEAST QUARTER TO THE SOUTH LINE OF SAID NORTHEAST QUARTER; THENCE EAST ALONG SAID SOUTH LINE 210.00 FEET TO THE NORTHWEST CORNER OF THE SOUTHWEST QUARTER OF AFORESAID SECTION 29; THENCE SOUTH ALONG THE WEST LINE OF SAID SOUTHWEST QUARTER TO THE SOUTH LINE OF THE NORTH 100.00 FEET OF SAID SOUTHWEST QUARTER; THENCE EAST ALONG SAID SOUTH LINE TO THE WESTERLY RIGHT-OF-WAY LINE OF THE CHICAGO AND ALTON RAILROAD COMPANY (ALSO KNOWN AS THE G.M AND O RAILROAD); THENCE SOUTHERLY ALONG SAID WESTERLY RIGHT-OF-WAY LINE TO THE NORTH LINE OF THE SOUTH 50.00 FEET OF THE SOUTHEAST QUARTER OF THE AFORESAID SECTION 30; THENCE WEST ALONG SAID NORTH LINE 111.84 FEET TO THE EAST LINE OF LAND DESCRIBED IN WARRANTY DEED RECORDED AS DOCUMENT NO. R70-111; THENCE NORTH ALONG SAID EAST 200.00 FEET TO THE NORTH LINE OF SAID LAND DESCRIBED IN DOCUMENT NO. R70-111; THENCE WEST ALONG SAID NORTH LINE 200.00 FEET TO THE WEST LINE OF SAID LAND DESCRIBED IN DOCUMENT NO. R70-111; THENCE SOUTH ALONG SAID WEST LINE 200.00 FEET TO THE AFORESAID NORTH LINE OF THE SOUTH 50.00 FEET OF THE SOUTHEAST QUARTER OF SECTION 30; THENCE SOUTH ALONG SAID WEST LINE 200.00 FEET TO THE AFORESAID NORTH LINE OF THE SOUTH 50.00 FEET OF THE SOUTHEAST QUARTER OF SECTION 30; THENCE WEST ALONG SAID NORTH LINE AND WEST ALONG THE NORTH LINE OF THE SOUTH 50.00 FEET OF THE SOUTHWEST QUARTER OF SAID SECTION 30, TO THE EASTERLY LINE OF LAND DESCRIBED IN WARRANTY DEED RECORDED AS DOCUMENT NO. R73-25241; THENCE NORTHWESTERLY ALONG SAID EASTERLY LINE TO THE EASTERLY RIGHT-OF-WAY LINE OF DIAGONAL ROAD (ALSO KNOWN AS JOLIET ROAD); THENCE NORTHERLY ALONG SAID EASTERLY RIGHT-OF-WAY LINE TO THE SOUTHERLY LINE OF LAND DESCRIBED IN TRUSTEE'S DEED RECORDED AS DOCUMENT NO. R95-55258; THENCE SOUTH 70 DEGREES 57 MINUTES 05 SECONDS EAST ALONG SAID SOUTHERLY LINE 230.30 FEET TO THE EASTERLY LINE OF SAID

LAND DESCRIBED IN DOCUMENT NO. R95-55258; THENCE NORTH 19 DEGREES 02 MINUTES 55 SECONDS EAST ALONG SAID EASTERLY LINE 257.66 FEET TO THE CENTERLINE OF THE U.S. GOVERNMENT SPUR TRACK; THENCE NORTH 58 DEGREES 10 MINUTES 44 SECONDS WEST ALONG SAID CENTERLINE 236.30 FEET TO THE AFORESAID EASTERLY RIGHT-OF-WAY LINE OF DIAGONAL ROAD; THENCE NORTHERLY ALONG SAID EASTERLY RIGHT-OF-WAY LINE TO THE NORTH LINE OF THE AFORESAID NORTHEAST QUARTER OF SECTION 30; THENCE EAST ALONG SAID NORTH LINE TO THE POINT OF BEGINNING; ALL SITUATED IN JACKSON TOWNSHIP, WILL COUNTY, ILLINOIS.

Parcel 2 - (Joliet Arsenal)

THAT PART OF SECTION 30, IN TOWNSHIP 34 NORTH, RANGE 10 EAST OF THE THIRD PRINCIPAL MERIDIAN, AND THAT PART OF SECTIONS 24, 25, 26, 35, AND 36 IN TOWNSHIP 34 NORTH, RANGE 9 EAST OF THE THIRD PRINCIPAL MERIDIAN, WILL COUNTY, ILLINOIS DESCRIBED AS FOLLOWS: BEGINNING AT THE NORTHWEST CORNER OF AFORESAID SECTION 30; THENCE EASTERLY ALONG THE NORTH LINE OF SAID SECTION 30 TO THE EASTERLY RIGHT-OF-WAY LINE OF DIAGONAL ROAD; THENCE SOUTHERLY ALONG SAID EASTERLY RIGHT-OF-WAY LINE TO A POINT 2212.19 FEET NORTH OF, AS MEASURED PERPENDICULAR TO, THE SOUTH LINE OF THE SOUTHWEST QUARTER OF SAID SECTION 30; THENCE SOUTH 88 DEGREES 06 MINUTES 29 SECONDS WEST, 1019.40 FEET, TO THE WESTERLY LINE OF THE EASEMENT GRANTED TO COMMONWEALTH EDISON COMPANY, PER DOCUMENT NO. R74-19438; THENCE SOUTH 87 DEGREES 56 MINUTES 32 SECONDS WEST, 1366.17 FEET, TO THE WEST LINE OF THE SOUTHWEST QUARTER OF SAID SECTION 30, SAID POINT BEING 2222.41 FEET NORTH OF THE SOUTHWEST CORNER OF SAID SOUTHWEST QUARTER; THENCE CONTINUING SOUTH 87 DEGREES 56 MINUTES 32 SECONDS WEST, 2641.65 FEET, TO THE WEST LINE OF THE EAST HALF OF AFORESAID SECTION 25; THENCE SOUTH 1 DEGREE 51 MINUTES 37 SECONDS EAST, ALONG SAID WEST LINE, 2219.56 FEET, TO THE SOUTHWEST CORNER OF THE EAST HALF OF SAID SECTION 25; THENCE NORTH 87 DEGREES 54 MINUTES 15 SECONDS EAST, ALONG THE SOUTH LINE OF THE EAST HALF OF SAID SECTION 25, 1409.78 FEET; THENCE SOUTH 10 DEGREES 22 MINUTES 23 SECONDS WEST, 754.21 FEET; THENCE SOUTH 55 DEGREES 56 MINUTES 16 SECONDS WEST, 1474.44 FEET, TO THE WEST LINE OF THE EAST HALF OF AFORESAID SECTION 36, SAID POINT BEING 1517.03 FEET SOUTH OF THE NORTHWEST CORNER OF THE EAST HALF OF SAID SECTION 36; THENCE SOUTHERLY ALONG THE WEST LINE OF THE EAST HALF OF SAID SECTION 36 TO THE SOUTH LINE OF THE SOUTHWEST QUARTER OF SAID SECTION 36; THENCE WESTERLY ALONG SAID SOUTH LINE AND WESTERLY ALONG THE SOUTH LINE OF THE AFORESAID SECTION 35 TO A LINE PARALLEL WITH AND 25 FEET EASTERLY OF THE EXISTING PAVEMENT CENTER OF WEST T.N.T ROAD; THENCE NORTHERLY ALONG SAID PARALLEL LINE TO THE INTERSECTION WITH A LINE 25 FEET SOUTHERLY OF AND PARALLEL WITH THE EXISTING PAVEMENT CENTER OF DRUMMOND ROAD; THENCE EASTERLY ALONG SAID PARALLEL LINE TO THE WEST LINE OF THE NORTHWEST QUARTER OF AFORESAID SECTION 25; THENCE NORTHERLY ALONG SAID WEST LINE AND NORTHERLY ALONG THE WEST LINE OF THE SOUTHWEST QUARTER OF AFORESAID SECTION 24 TO THE NORTH LINE OF SAID SOUTHWEST QUARTER OF SECTION 24; THENCE EASTERLY ALONG SAID NORTH LINE TO THE EAST LINE OF SAID SOUTHWEST QUARTER; THENCE SOUTHERLY ALONG SAID EAST LINE TO THE NORTH LINE OF THE NORTHEAST QUARTER OF THE AFORESAID SECTION 25; THENCE EASTERLY ALONG SAID NORTH LINE TO THE NORTHEAST CORNER OF SAID SECTION 25; THENCE

NORTHERLY ALONG THE RANGE LINE 6.60 FEET TO THE POINT OF BEGINNING EXCEPTING THEREFROM THAT PART OF THE NORTH HALF OF AFORESAID SECTION 30 CONVEYED FOR CEMETERY PURPOSES BY DEEDS RECORDED IN BOOK 66, PAGE 102, AS DOCUMENT NO. 39953, AND IN BOOK 578, PAGE 106 AS DOCUMENT NO. 334629, ALL SITUATED IN CHANNAHON AND JACKSON TOWNSHIPS, WILL COUNTY, ILLINOIS, containing 1801.379 acres more or less.

CERTIFICATE

I, Patricia L. Buchenau, DO HEREBY CERTIFY THAT I am the Village Clerk for the Village of Elwood, Will County, Illinois and as such Officer, I have the lawful power and duty to keep a record of all proceedings of the Village Board of Trustees of said Village, and of all Ordinances and Resolutions presented to or passed by said Village Board of Trustees.

I DO HEREBY FURTHER CERTIFY that the foregoing document is a true, correct and complete copy of:

ORDINANCE NO. 620

**AN ORDINANCE AMENDING THE ZONING MAP
FOR THE VILLAGE OF ELWOOD REZONING CERTAIN
PROPERTY KNOWN AS THE CENTERPOINT PROPERTY
FROM A-1 (WILL COUNTY) TO I-4 LARGE SCALE
INDUSTRIAL PLANNED DEVELOPMENT DISTRICT**

Which was approved on July 5, 2000, is now on file in my office and that the proceedings of the Village Board of Trustees at the meeting duly called and held on July 5, 2000 were in accordance with applicable laws, at which a quorum was present and acting throughout.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Corporate Seal of the Village of Elwood, in the State of Illinois this 21st day of July 2000.



Patricia L. Buchenau

Patricia L. Buchenau
Village Clerk

STATE OF ILLINOIS

COUNTY OF WILL

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BEFORE THE PLAN COMMISSION
OF THE VILLAGE OF ELWOOD



**NOTICE OF PUBLIC HEARING ON
PROPOSED MAP AMENDMENT TO ZONING ORDINANCE**

NOTICE IS HEREBY GIVEN that the Plan Commission of the Village of Elwood, Will County, Illinois will hold a public hearing on the 25th day of January, 2000, at the Elwood Community Church, 101 North Chicago Avenue, Elwood, Illinois 60421, commencing at the hour of 7:00 p.m., to consider, make recommendations and to conduct a hearing as required by the statutes of the State of Illinois and the ordinances of the Village of Elwood on a proposed map amendment to the Village of Elwood Official Zoning Map to classify the property hereinafter described (the "Subject Property") as a Large-Scale Industrial Planned Development upon annexation to the Village and for approval of a Concept Plan of Development for the Subject Property.

The property which is the subject of the proposed map amendment is located generally west of the existing limits of the Village of Elwood and includes the property commonly known as the Steffes Farm (Parcel 1) and approximately 1,800 acres of the former Joliet Ammunition Plant, also known as the Joliet Arsenal, adjacent thereto (Parcel 2), located in unincorporated Jackson and Channahon Townships. The Subject Property is legally described as follows:

Parcel 1 - (Steffes Farm)

THAT PART OF SECTIONS 29 AND 30 IN TOWNSHIP 34 NORTH RANGE 10 EAST OF THE THIRD PRINCIPAL MERIDIAN, WILL COUNTY, ILLINOIS DESCRIBED AS FOLLOWS: BEGINNING AT THE NORTHEAST CORNER OF SAID SECTION 30; THENCE SOUTH ALONG THE EAST LINE OF THE NORTHEAST QUARTER TO A POINT WHICH IS 630.30 FEET NORTH OF THE SOUTHEAST CORNER OF THE NORTHEAST QUARTER OF THE SAID NORTHEAST QUARTER OF SECTION 30; SAID POINT BEING THE NORTHEAST CORNER OF THE LAND CONVEYED BY A DOCUMENT NO. R95-9474, THENCE WEST ALONG A LINE PERPENDICULAR TO SAID EAST LINE, SAID LINE ALSO BEING THE NORTH LINE OF THE LAND CONVEYED BY SAID DOCUMENT NO. R95-9474, A DISTANCE OF 350.00 FEET; THENCE SOUTH ALONG A LINE PARALLEL WITH THE SAID EAST LINE OF THE NORTHEAST QUARTER SAID LINE ALSO BEING THE WEST LINE OF THE LAND CONVEYED BY SAID DOCUMENT NO. R95-9474, A DISTANCE OF 608.28 FEET TO THE CENTERLINE OF MISSISSIPPI AVENUE; THENCE EASTERLY ALONG SAID CENTERLINE OF MISSISSIPPI AVENUE TO THE AFORESAID EAST LINE OF THE NORTHEAST QUARTER' THENCE SOUTH ALONG SAID EAST LINE 40.00 FEET TO THE SOUTH LINE OF MISSISSIPPI AVENUE AS ESTABLISHED IN THE ORIGINAL VILLAGE OF ELWOOD; THENCE WESTERLY ALONG THE SAID SOUTH LINE OF MISSISSIPPI AVENUE

AS EXTENDED FROM ORIGINAL VILLAGE OF ELWOOD 210.00 FEET; THENCE SOUTH ALONG A LINE PARALLEL WITH THE AFORESAID EAST LINE OF THE NORTHEAST QUARTER TO THE SOUTH LINE OF SAID NORTHEAST QUARTER; THENCE EAST ALONG SAID SOUTH LINE 210.00 FEET TO THE NORTHWEST CORNER OF THE SOUTHWEST QUARTER OF AFORESAID SECTION 29; THENCE SOUTH ALONG THE WEST LINE OF SAID SOUTHWEST QUARTER TO THE SOUTH LINE OF THE NORTH 100.00 FEET OF SAID SOUTHWEST QUARTER; THENCE EAST ALONG SAID SOUTH LINE TO THE WESTERLY RIGHT-OF-WAY LINE OF THE CHICAGO AND ALTON RAILROAD COMPANY (ALSO KNOWN AS THE G,M AND O RAILROAD); THENCE SOUTHERLY ALONG SAID WESTERLY RIGHT-OF-WAY LINE TO THE NORTH LINE OF THE SOUTH 50.00 FEET OF THE SOUTHEAST QUARTER OF THE AFORESAID SECTION 30; THENCE WEST ALONG SAID NORTH LINE 111.84 FEET TO THE EAST LINE OF LAND DESCRIBED IN WARRANTY DEED RECORDED AS DOCUMENT NO. R70-111; THENCE NORTH ALONG SAID EAST 200.00 FEET TO THE NORTH LINE OF SAID LAND DESCRIBED IN DOCUMENT NO. R70-111; THENCE WEST ALONG SAID NORTH LINE 200.00 FEET TO THE WEST LINE OF SAID LAND DESCRIBED IN DOCUMENT NO. R70-111; THENCE SOUTH ALONG SAID WEST LINE 200.00 FEET TO THE AFORESAID NORTH LINE OF THE SOUTH 50.00 FEET OF THE SOUTHEAST QUARTER OF SECTION 30; THENCE SOUTH ALONG SAID WEST LINE 200.00 FEET TO THE AFORESAID NORTH LINE OF THE SOUTH 50.00 FEET OF THE SOUTHEAST QUARTER OF SECTION 30; THENCE WEST ALONG SAID NORTH LINE AND WEST ALONG THE NORTH LINE OF THE SOUTH 50.00 FEET OF THE SOUTHWEST QUARTER OF SAID SECTION 30, TO THE EASTERLY LINE OF LAND DESCRIBED IN WARRANTY DEED RECORDED AS DOCUMENT NO. R73-25241; THENCE NORTHWESTERLY ALONG SAID EASTERLY LINE TO THE EASTERLY RIGHT-OF-WAY LINE OF DIAGONAL ROAD (ALSO KNOWN AS JOLIET ROAD); THENCE NORTHERLY ALONG SAID EASTERLY RIGHT OF WAY LINE TO THE SOUTHERLY LINE OF LAND DESCRIBED IN TRUSTEE'S DEED RECORDED AS DOCUMENT NO. R95-55258; THENCE SOUTH 70 DEGREES 57 MINUTES 05 SECONDS EAST ALONG SAID SOUTHERLY LINE 230.30 FEET TO THE EASTERLY LINE OF SAID LAND DESCRIBED IN DOCUMENT NO. R95-55258; THENCE NORTH 19 DEGREES 02 MINUTES 55 SECONDS EAST ALONG SAID EASTERLY LINE 257.66 FEET TO THE CENTERLINE OF THE U.S. GOVERNMENT SPUR TRACK; THENCE NORTH 58 DEGREES 10 MINUTES 44 SECONDS WEST ALONG SAID CENTERLINE 236.30 FEET TO THE AFORESAID EASTERLY RIGHT-OF-WAY LINE OF DIAGONAL ROAD; THENCE NORTHERLY ALONG SAID EASTERLY RIGHT-OF-WAY LINE TO THE NORTH LINE OF THE AFORESAID NORTHEAST QUARTER OF SECTION 30; THENCE EAST ALONG SAID NORTH LINE TO THE POINT OF BEGINNING; ALL SITUATED IN JACKSON TOWNSHIP, WILL COUNTY, ILLINOIS.

Parcel 2 - (Joliet Arsenal)

THAT PART OF SECTION 30, IN TOWNSHIP 34 NORTH, RANGE 10 EAST OF THE THIRD PRINCIPAL MERIDIAN, AND THAT PART OF SECTIONS 24, 25, 26, 35, AND 36 IN TOWNSHIP 34 NORTH, RANGE 9 EAST OF THE THIRD PRINCIPAL MERIDIAN, WILL

COUNTY, ILLINOIS DESCRIBED AS FOLLOWS: BEGINNING AT THE NORTHWEST CORNER OF AFORESAID SECTION 30; THENCE EASTERLY ALONG THE NORTH LINE OF SAID SECTION 30 TO THE EASTERLY RIGHT-OF-WAY LINE OF DIAGONAL ROAD; THENCE SOUTHERLY ALONG SAID EASTERLY RIGHT-OF-WAY LINE TO A POINT 2212.19 FEET NORTH OF, AS MEASURED PERPENDICULAR TO, THE SOUTH LINE OF THE SOUTHWEST QUARTER OF SAID SECTION 30; THENCE SOUTH 88 DEGREES 06 MINUTES 29 SECONDS WEST, 1019.40 FEET, TO THE WESTERLY LINE OF THE EASEMENT GRANTED TO COMMONWEALTH EDISON COMPANY, PER DOCUMENT NO. R74-19438; THENCE SOUTH 87 DEGREES 56 MINUTES 32 SECONDS WEST, 1366.17 FEET, TO THE WEST LINE OF THE SOUTHWEST QUARTER OF SAID SECTION 30, SAID POINT BEING 2222.41 FEET NORTH OF THE SOUTHWEST CORNER OF SAID SOUTHWEST QUARTER; THENCE CONTINUING SOUTH 87 DEGREES 56 MINUTES 32 SECONDS WEST, 2641.65 FEET, TO THE WEST LINE OF THE EAST HALF OF AFORESAID SECTION 25; THENCE SOUTH 1 DEGREE 51 MINUTES 37 SECONDS EAST, ALONG SAID WEST LINE, 2219.56 FEET, TO THE SOUTHWEST CORNER OF THE EAST HALF OF SAID SECTION 25; THENCE NORTH 87 DEGREES 54 MINUTES 15 SECONDS EAST, ALONG THE SOUTH LINE OF THE EAST HALF OF SAID SECTION 25, 1409.78 FEET; THENCE SOUTH 10 DEGREES 22 MINUTES 23 SECONDS WEST, 754.21 FEET; THENCE SOUTH 55 DEGREES 56 MINUTES 16 SECONDS WEST, 1474.44 FEET, TO THE WEST LINE OF THE EAST HALF OF AFORESAID SECTION 36, SAID POINT BEING 1517.03 FEET SOUTH OF THE NORTHWEST CORNER OF THE EAST HALF OF SAID SECTION 36; THENCE SOUTHERLY ALONG THE WEST LINE OF THE EAST HALF OF SAID SECTION 36 TO THE SOUTH LINE OF THE SOUTHWEST QUARTER OF SAID SECTION 36; THENCE WESTERLY ALONG SAID SOUTH LINE AND WESTERLY ALONG THE SOUTH LINE OF THE AFORESAID SECTION 35 TO A LINE PARALLEL WITH AND 25 FEET EASTERLY OF THE EXISTING PAVEMENT CENTER OF WEST TNT ROAD; THENCE NORTHERLY ALONG SAID PARALLEL LINE TO THE INTERSECTION WITH A LINE 25 FEET SOUTHERLY OF AND PARALLEL WITH THE EXISTING PAVEMENT CENTER OF DRUMMOND ROAD; THENCE EASTERLY ALONG SAID PARALLEL LINE TO THE WEST LINE OF THE NORTHWEST QUARTER OF AFORESAID SECTION 25; THENCE NORTHERLY ALONG SAID WEST LINE AND NORTHERLY ALONG THE WEST LINE OF THE SOUTHWEST QUARTER OF AFORESAID SECTION 24 TO THE NORTH LINE OF SAID SOUTHWEST QUARTER OF SECTION 24; THENCE EASTERLY ALONG SAID NORTH LINE TO THE EAST LINE OF SAID SOUTHWEST QUARTER; THENCE SOUTHERLY ALONG SAID EAST LINE TO THE NORTH LINE OF THE NORTHEAST QUARTER OF THE AFORESAID SECTION 25; THENCE EASTERLY ALONG SAID NORTH LINE TO THE NORTHEAST CORNER OF SAID SECTION 25; THENCE NORTHERLY ALONG THE RANGE LINE 6.60 FEET TO THE POINT OF BEGINNING EXCEPTING THEREFROM THAT PART OF THE NORTH HALF OF AFORESAID SECTION 30 CONVEYED FOR CEMETERY PURPOSES BY DEEDS RECORDED IN BOOK 66, PAGE 102, AS DOCUMENT NO. 39953, AND IN BOOK 578, PAGE 106 AS DOCUMENT NO. 334629, ALL SITUATED IN CHANNAHON AND JACKSON TOWNSHIPS, WILL COUNTY, ILLINOIS, containing 1801.379 acres more or less.

The owners of the Subject Property are CenterPoint Realty Services Inc., an Illinois Corporation (as to Parcel 1) and the United States of America (as to Parcel 2). The Applicant for the proposed map amendment and concept plan approval is CenterPoint Properties Trust, a Maryland Real Estate Investment Trust, c/o Kenneth C. Shepro, Esq., Altheimer & Gray, 10 South Wacker Drive, Suite 4000, Chicago, Illinois 60606.

The proposed map amendment and Concept Plan of Development provide for an intermodal rail yard and terminal facility of approximately 750 acres; an industrial park with not to exceed 20,000,000 square feet of office, warehouse and distribution facilities; a hotel of up to 400 rooms; an electric power generating plant; a 27 acre truck stop and service facility; restaurants (with and without drive-through facilities); a bank with drive-up facilities and ATM machines; a Village municipal center and other similar and related retail, governmental and utility uses.

Copies of the application for map amendment and the proposed Concept Plan of Development are on file in the office of the Village Clerk, at the Elwood Village Hall and may be inspected during business hours.

All persons who wish to give testimony at the public hearing will be afforded an opportunity to be heard. Written comments will be considered if received prior to the public hearing addressed to John Hancock, Chairman, Elwood Plan Commission, at the address aforesaid.

Persons with disabilities who need special accommodations in order to attend and participate should contact the Village Clerk at 815-423-5011.

This notice is published pursuant to law.

Published by authority of the Plan Commission of the Village of Elwood this 7th day of January, 2000.

/s/ John Hancock
Chairman, Plan Commission

Attest:
/s/ Patricia Buchenau
Village Clerk



STATE OF ILLINOIS

COUNTY OF WILL

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) ss
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BEFORE THE PLAN COMMISSION
OF THE VILLAGE OF ELWOOD

**NOTICE OF PUBLIC HEARING ON
PROPOSED AMENDMENT TO THE ELWOOD ZONING ORDINANCE**

NOTICE IS HEREBY GIVEN that the Plan Commission of the Village of Elwood, Will County, Illinois will hold a public hearing on the 25th day of January, 2000, at the Elwood Community Church, 101 N. Chicago Avenue, Elwood, Illinois 60421, commencing at the hour of 7:00 p.m., to consider, make recommendations and to conduct a hearing as required by the statutes of the State of Illinois and the ordinances of the Village of Elwood on an application for an amendment to the text of the Village of Elwood Zoning Ordinance, Ordinance No. 506, as amended (the "Zoning Ordinance").

The Applicant for the proposed text amendment is CenterPoint Properties Trust, a Maryland Real Estate Investment Trust, c/o Kenneth C. Shepro, Esq. Alzheimer & Gray, 10 South Wacker Drive, Suite 4000, Chicago, Illinois 60606 (the "Applicant").

The Applicant proposes to amend the text of the Zoning Ordinance to establish a new zoning classification for Large Scale Industrial Planned Developments on a minimum area of 1500 acres, and to provide for approval of such developments in conceptual form. The proposed amendment provides for intermodal rail, industrial, manufacturing, warehouse, distribution and office facilities as well as hotel, restaurant, retail, service, public utility and governmental uses as permitted uses as part of an overall plan of development, as well as establishing bulk regulations applicable in the new zoning district.

Copies of the proposed text amendment are on file in the office of the Village Clerk, at the Elwood Village Hall and may be inspected during business hours.

All persons wishing to give testimony at the public hearing will be afforded an opportunity to be heard. Written comments will be considered if received prior to the public hearing addressed to John Hancock, Chairman, Elwood Plan Commission, at the address aforesaid.

Persons with disabilities who need special accommodations in order to attend and participate should contact the Village Clerk at 815-423-5011.

This notice is given and published pursuant to law.

**Published by authority of the Plan Commission of the Village of Elwood this 7th day of
January, 2000.**

**/s/ John Hancock
Chairman Plan Commission**

**Attest: /s/ Patricia Buchenau
Village Clerk**



Certificate of Publication in the HeraldNews

STATE OF ILLINOIS } SS
COUNTY OF WILL

THE COPLEY PRESS, INC., DOES HEREBY CERTIFY:

That it is a corporation duly organized and existing under the laws of the State of Illinois;

That it is the publisher of The Herald-News, a secular daily newspaper printed and published in the city of Joliet, in Will County, Illinois, and of general circulation in said City, County and State; and in Kendall, Grundy, DuPage, Kane, and in other Cities in Will County; and that it is a newspaper as defined in "An Act to Revise the Law in Relation to Notices"-III. Revised Statutes, Chap. 100, Sections 1, 5 and 10.

That a notice of which the annexed is a true copy has been regularly published in said newspaper *one* time each *day* for *one* *successive* day; that the first publication of said notice was on the *7th* day of *January* *2000* and the last publication thereof was on the day of 19 that the face of type in which each publication of said notice was printed was the same as the body of type used in the classified advertising in the newspaper in which said publication was made;

That said The Herald-News has been regularly published in said City, County and State for at least one year prior to the first publication of said notice.

In WITNESS WHEREOF, said The Copley Press, Inc., publisher as aforesaid, has executed this Certificate of Publication by its officer or Agent thereunto duly authorized this

17th day of *January* *2000*

THE COPLEY PRESS, INC.

By *E. Albrecht*

Printer's Fee \$ *116.01* Paid 19

No. *TP7053947344* .. Folio *600003871* ..

Elwood Plan Commission, of the address aforesaid. Parsons with disabilities who need special accommodations in order to attend and participate should contact the Village Clerk at 815-423-9011. This notice is given and published pursuant to law. Published by authority of the Plan Commission of the Village of Elwood this 7th day of January, 2000.
/s/ John Hancock
Chairman Plan Commission
Attest: /s/ Patricia Buchanan
Village Clerk
January 7, 2000

NOTICE IS HEREBY GIVEN that the Plan Commission of the Village of Elwood, Will County, Illinois will hold a public hearing on the 28th day of January, 2000, at the Elwood Community Church, 101 N. Chicago Avenue, Elwood, Illinois 60421, commencing at the hour of 7:00 p.m., to consider, make recommendations and to conduct a hearing as required by the statutes of the State of Illinois and the ordinances of the Village of Elwood on an application for an amendment to the text of the Village of Elwood Zoning Ordinance, Ordinance No. 506, as amended (the "Zoning Ordinance"). The Applicant for the proposed text amendment is Center Point Properties Trust, a Maryland Real Estate Investment Trust, c/o Kenneth C. Shepard, Esq., Attorney & Gray, 10 South Wacker Drive, Suite 4000, Chicago, Illinois 60606 (the "Applicant"). The Applicant proposes to amend the text of the Zoning Ordinance to establish a new zoning classification for Large Scale Industrial Planned Developments on a minimum area of 1500 acres, and to provide for approval of such developments in conceptual form. The proposed amendment provides for intermodal rail, industrial, manufacturing, warehouse, distribution and office facilities as well as hotel, restaurant, retail, service, public utility and governmental uses as permitted uses as part of an overall plan of development as well as establishing bulk regulations applicable in the new zoning district. Copies of the proposed text amendment are on file in the office of the Village Clerk, at the Elwood Village Hall and may be inspected during business hours. All persons wishing to give testimony at the public hearing will be afforded an opportunity to be heard. Written comments will be considered if received prior to the public hearing addressed to John Hancock, Chairman.

EXHIBIT C

KENNETH C. SHEPRO
(312) 715-4830
sheprok@althaimer.com



10 SOUTH WACKER DRIVE
CHICAGO, ILLINOIS 60606-7482
TEL (312) 715-4000
FAX (312) 715-4800

January 7, 2000

Certified Mail-Return Receipt Requested

**TO PROPERTY OWNERS ADJACENT TO THE PROPOSED
DEER RUN INDUSTRIAL PARK**

Re: Application of CenterPoint Properties Trust for Map Amendment
to the Village of Elwood Zoning Map

Dear Property Owner:

You are hereby notified pursuant to the provisions of the Village of Elwood Zoning Ordinance that the undersigned has, on behalf of CenterPoint Properties Trust, a Maryland Real Estate Investment Trust, filed with the Village of Elwood an application for rezoning of certain property (the "Subject Property") to the I-4 Large Scale Industrial Planned Development District (a newly proposed zoning district) upon annexation to the Village of Elwood and for approval of a concept plan of development for the Subject Property. The Subject Property is currently zoned A-1 by Will County.

It appears from the public records that you are an owner of property within 250 feet of the Subject Property proposed for rezoning. The Subject Property consists of approximately 1,800 acres of the former Joliet Arsenal and 355 acres more or less, of the property commonly known as the Steffes Farm.

Enclosed is a Notice of Public Hearing on CenterPoint's Application. The public hearing will be held on January 25, 2000 at 7:00 P.M. at the Elwood Community Church, 101 North Chicago Avenue, Elwood, Illinois 60421. You are invited to attend this hearing.

A copy of our application and supporting materials are on file in the Village Clerk's office and may be inspected during business hours.

Sincerely,



Kenneth C. Shepro

**Attorney for CenterPoint Properties Trust,
a Maryland Real Estate Investment Trust**

KCS:rmp
Enclosure

CHICAGO WASHINGTON, D.C. WARSAW PRAGUE
KYIV BRATISLAVA ISTANBUL SHANGHAI BUCHAREST LONDON

Z 313 202 838

US Postal Service

Receipt for Certified Mail

ARCHER, DALE S.
ARCHER, FRANCES
P.O. BOX 374
ELWOOD, IL 60421

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Z 313 202 839

US Postal Service

Receipt for Certified Mail

MATICHAK, TODD C.
P.O. BOX 374
ELWOOD, IL 60421

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
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Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Z 313 202 837

US Postal Service

Receipt for Certified Mail

MATICHAK, MARY
P.O. BOX 374
ELWOOD, IL 60421

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Z 313 202 836

US Postal Service

Receipt for Certified Mail

HARVEY, JEANNE
109 SOUTH ST.
ELWOOD, IL 60421

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
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Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Z 313 202 840

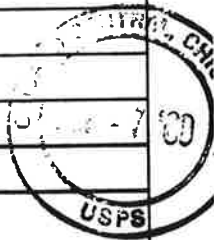
US Postal Service

Receipt for Certified Mail

WALSH, L.
18801 BROWN RD.
JOLIET, IL 60435

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	



Z 313 202 841

US Postal Service

Receipt for Certified Mail

MARTIN, FRED B.
MARTIN, TOMMY R.
925 KANKAKEE AVE.
LOWELL, IN 46356

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	



Z 313 202 849

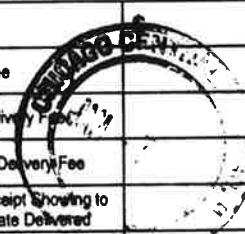
US Postal Service

Receipt for Certified Mail

THOMPSON, DONALD L.
THOMPSON, BETTY
P.O. BOX 159
ELWOOD, IL 60421

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	



Z 313 202 848

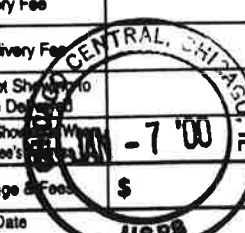
US Postal Service

Receipt for Certified Mail

PERSHEY, MARGARET
PERSHEY, SHEA
214 W. SOUTH ST.
ELWOOD, IL 60421

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	



Z 313 202 845

US Postal Service

Receipt for Certified Mail

PORTER, ROBERT D.
PORTER, COLLEEN
220 SOUTH ST.
ELWOOD, IL 60421

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Z 313 202 846

US Postal Service

Receipt for Certified Mail

KAPLINSKI, KEVIN
KAPLINSKI, ANGELA
218 SOUTH ST.
ELWOOD, IL 60421

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Z 313 202 850

US Postal Service

Receipt for Certified Mail

CLEMENTS, CLARENCE C.
BOX 277
ELWOOD, IL 60421

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Z 313 202 847

US Postal Service

Receipt for Certified Mail

JOHNSON, RICKY D., SR.
JOHNSON, MARY E.
P.O. BOX 3941
JOLIET, IL 60434

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Z 313 202 823

US Postal Service

Receipt for Certified Mail

YOUNG, JEFFREY A.
EUGENIDES, PAMELA S.
301 S. LINCOLN ST.
ELWOOD, IL 60421

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Z 313 202 822

US Postal Service

Receipt for Certified Mail

GEHRKE, DAVID V.
GEHRKE, SUSAN T.
305 LINCOLN ST.
ELWOOD, IL 60421

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Z 313 202 820

US Postal Service

Receipt for Certified Mail

SCHWEIZER, RONALD
SCHWEIZER CATHERINE
205 S LINCOLN ST.
ELWOOD, IL 60421

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Z 313 202 834

US Postal Service

Receipt for Certified Mail

ENIX, RAYMOND
111 S. STREET
ELWOOD, IL 60421

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Z 313 202 821

US Postal Service

Receipt for Certified Mail

BOYER, JOHN F.
BOYER, HELEN M.
212 W. GARDNER ST.
P.O. BOX 6
ELWOOD, IL 60421

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Z 313 202 835

US Postal Service

Receipt for Certified Mail

CARLSON, RICHARD L.
115 SOUTH ST. BOX 424
ELWOOD, IL 60421

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Z 313 202 833

US Postal Service

Receipt for Certified Mail

HICKEY, GREGORY D.
117 SOUTH ST.
ELWOOD, IL 60421

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Z 313 202 830

US Postal Service

Receipt for Certified Mail

ROBINSON, CYNTHIA
ROBINSON, JAMES
205 SOUTH ST.
ELWOOD, IL 60421

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Z 313 202 797

US Postal Service

Receipt for Certified Mail

ELWOOD SCHOOL DIST. 203
409 N. CHICAGO AVE.
ELWOOD, IL 60421

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Z 313 202 843

US Postal Service

Receipt for Certified Mail

GRUNDY COUNTY NATL.
BANK TRUST #1304
201 LIBERTY ST. #520
MORRIS, IL 60450

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Z 313 202 831

US Postal Service

Receipt for Certified Mail

GIRARD, RICHARD D.
203 SOUTH ST.
BOX 311
ELWOOD, IL 60421

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Z 313 202 798

US Postal Service

Receipt for Certified Mail

TYLER, DOROTHY L.
P.O. BOX 1
ELWOOD, IL 60421

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Z 313 202 852

US Postal Service

Receipt for Certified Mail

VILLAGE OF ELWOOD
MISSISSIPPI AVE.
BOX 435
ELWOOD, IL 60421

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Z 313 202 851

US Postal Service

Receipt for Certified Mail

CHERRY, JAMES
CHERRY, BARBARA
P.O. BOX 236
ELWOOD, IL 60421

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Z 313 202 832

US Postal Service

Receipt for Certified Mail

MEDLIN, MICHAEL E.
MEDLIN, BRENDA
19241 W. GOOWIN RD.
WILMINGTON, IL 60481

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Z 313 202 842

US Postal Service

Receipt for Certified Mail

ROBERTS, DONALD R.
BOUVRETTE, PAULINE
P.O. BOX 24
ELWOOD, IL 60421

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Z 313 202 795

US Postal Service

Receipt for Certified Mail

BAUER, KEITH
2835 A N 10000 W. RD.
BONFIELD, IL 60913

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Z 313 202 812

US Postal Service

Receipt for Certified Mail

MARTIN, STANLEY J.
MARTIN, JACQUELINE M.
211 SPENCER ST.
ELWOOD, IL 60421

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Z 313 202 813

US Postal Service

Receipt for Certified Mail

MC NAMARA, CHARLES D., JR.
MC NAMARA, DEB
304 MISSISSIPPI AVE.
ELWOOD, IL 60421

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Z 313 202 811

US Postal Service

Receipt for Certified Mail

DELEHANTY, SHARON L.
19527 NOEL RD.
ELWOOD, IL 60421

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Z 313 202 810

US Postal Service

Receipt for Certified Mail

WALSH, LAWRENCE
18801 BROWN RD.
ELWOOD, IL 60421

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	



Z 313 202 817


US Postal Service

Receipt for Certified Mail

ATTAWAY, PAUL C., JR.
ATTAWAY, PATRICIA
25656 S. CHICAGO
ELWOOD, IL 60421

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	



Z 313 202 816

US Postal Service

Receipt for Certified Mail

GLASCOCK, VERNON
P.O. BOX 217
ELWOOD, IL 60421

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	



Z 313 202 799

US Postal Service

Receipt for Certified Mail

TYLER, MARILYN M.
217 W. PARKS
ELWOOD, IL 60421

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	



Z 313 202 883

US Postal Service

Receipt for Certified Mail

FORMER JOLIET TRAINING AREA,
UNDER ADMIN. OF U.S. ARM RESERVES
DIRECTOR OF SUPP. SERV.
2171 EIGHTH AVENUE S.
FORT MCCOY, WI 54650

PS Form 3800, April 1995

Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Z 313 202 860

US Postal Service

Receipt for Certified Mail

WITT, ROBERT J., JR.
WITT, NORMA
204 SOUTH ST.
ELWOOD, IL 60421

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Z 313 202 884

US Postal Service

Receipt for Certified Mail

MIDWIN NATL TALLGRASS PRAIRIE
USDA FOREST SERV./IL
DEPT. OF NATURAL RES.
30071 S. STATE HWY. 53
WILMINGTON, IL 60481

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Z 313 202 861

US Postal Service

Receipt for Certified Mail

SMITH, DONALD
SMITH, CORA E.
206 E. SOUTH ST.
ELWOOD, IL 60421

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Z 313 202 792

US Postal Service

Receipt for Certified Mail

MOBIL OIL - FINANCE MGR
P.O. BOX 874
JOLIET, IL 60434

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Z 313 202 808

US Postal Service

Receipt for Certified Mail

OSTREM, JAMES L.
OSTREM, BRANDI L.
210 W. PARK ST.
ELWOOD, IL 60421

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Z 313 202 862

US Postal Service

Receipt for Certified Mail

COOKE, LAWRENCE
COOKE, THERESA
116 W. SOUTH ST.
ELWOOD, IL 60421

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Z 313 202 825

US Postal Service

Receipt for Certified Mail

YAKICH, DAVID B.
201 S. LINCOLN ST.
ELWOOD, IL 60421

Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Z 313 202 826

US Postal Service
Receipt for Certified Mail
 HALDORSON, RAYMOND
 218 W. MORRIS ST.
 ELWOOD, IL 60421

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	




Z 313 202 824

US Postal Service
Receipt for Certified Mail
 HURLEY, WILLIAM
 HURLEY, LORETTA
 213 S. LINCOLN ST.
 ELWOOD, IL 60421

Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	



Z 313 202 829

US Postal Service
Receipt for Certified Mail
 GRIFFITHS, JEFFREY
 211 SOUTH ST.
 ELWOOD, IL 60421

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

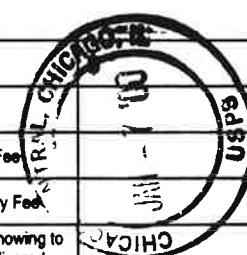


Z 313 202 844

US Postal Service
Receipt for Certified Mail
 JANISZEWSKI, THADDEUS
 P.O. BOX 149
 ELWOOD, IL 60421

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	



Z 313 202 827

US Postal Service

Receipt for Certified Mail

HALE, JOHN
HALE JEAN M.
209 SOUTH ST.
ELWOOD, IL 60421

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Z 313 202 796

US Postal Service

Receipt for Certified Mail

BERNHARD, LEO E.
BERNHARD, LOIS I.
18530 W. HOFF RD.
ELWOOD, IL 60421

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Z 313 202 828

US Postal Service

Receipt for Certified Mail

GODSEY, BRIAN E.
GODSEY, JENNIFER
207 SOUTH ST.
ELWOOD, IL 60421

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Z 313 202 880

US Postal Service

Receipt for Certified Mail

WALKER PLACE
9 HARDING PLACE
DANVILLE, IL 61832

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Z 313 202 873

US Postal Service

Receipt for Certified Mail

SCHULTZ, DALE
2252 N. 14000 WEST RD.
ESSEX, IL 60935

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$7.00
Postmark or Date	

Z 313 202 870

US Postal Service

Receipt for Certified Mail

RODRIGUEZ, GUADALUPE
23215 S. BRANDON RD.
ELWOOD, IL 60421

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$7.00
Postmark or Date	

Z 313 202 872

US Postal Service

Receipt for Certified Mail

NUGENT, TOM
15431 W. OFFNER RD.
MANHATTAN, IL 60442

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$7.00
Postmark or Date	

Z 313 202 874

US Postal Service

Receipt for Certified Mail

CREEK, SCOTT L.
9775 N. 4500 WEST RD.
MANTENO, IL 60950

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$7.00
Postmark or Date	

Z 313 202 454

US Postal Service
Receipt for Certified MailJENCO, DOUGLAS J.
112 SOUTH ST.
ELWOOD, IL 60421

S Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	
Postmark or Date	

Z 313 202 853

US Postal Service
Receipt for Certified MailJACKLICH, MARK A.
ROLAND, TONJA D.
108 SOUTH ST.
ELWOOD, IL 60421

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Z 313 202 871

US Postal Service
Receipt for Certified MailJACKSON, KEITH
7943 N. 7000 W.
MANTENO, IL 60950

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Z 313 202 867

US Postal Service
Receipt for Certified MailCOMMONWEALTH EDISON
CO.
TAX DEPT. P.O. BOX 767
CHICAGO, IL 60690

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	
Postmark or Date	

Z 313 202 878

US Postal Service

Receipt for Certified Mail

POGLIANO, DON
GORHAM RD. ROUTE 5
MORRIS, IL 60450

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Z 313 202 877

US Postal Service

Receipt for Certified Mail

NATL. STARCH & CHEMICAL
P.O. BOX 160
MOMENCE, IL 60954

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Z 313 202 869

US Postal Service

Receipt for Certified Mail

LOWERY, MICHAEL T.
RR 1, BOX 5
MAZON, IL 60444

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Z 313 202 868

US Postal Service

Receipt for Certified Mail

SIKIC, JOSIP
SIKIC, GERALDINE K.
26705 W. DIAGONAL RD.
ELWOOD, IL 60421

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Z 313 202 875

US Postal Service
Receipt for Certified Mail

GARCIA, LUPE
16235 SPENCER RD.
JOLIET, IL 60432

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Z 313 202 876

US Postal Service
Receipt for Certified Mail

GLENN BROWN FARMS #108
24 W. ANDREW RD.
P.O. BOX 286
SPRINGFIELD, IL 62707

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Z 313 202 879

US Postal Service
Receipt for Certified Mail

LOWERY, DONALD
1015 W. LUND RD.
MORRIS, IL 60450

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Z 313 202 886

US Postal Service
Receipt for Certified Mail

ABRAHAM LINCOLN NATIONAL
CEMETERY
27034 S. DIAGONAL RD.
ELWOOD, IL 60421

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Z 313 202 815

US Postal Service

Receipt for Certified Mail

BLUM, ROBERT T.
BLUM, DEBORAH A.
109 S. LINCOLN AVE.
ELWOOD, IL 60421

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Z 313 202 881

US Postal Service

Receipt for Certified Mail

DON CATHERN
CHICAGO CENTRA & PACIFIC RR
455 N. CITY FRONT PLAZA DR.
CHICAGO, IL 60611-5504

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Z 313 202 885

US Postal Service

Receipt for Certified Mail

JOLIET ARSENAL DEV. AUTHORITY
(JADA)
500 SOUTH WATER ST.
WILMINGTON, IL 60481

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Z 313 202 882

US Postal Service

Receipt for Certified Mail

BN&SF RAILROAD
JURY CLINGEN, PROPERTY TAX
DEPARTMENT
P.O. BOX 961089
FT. WORTH, TX 76161

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Z 313 202 865

US Postal Service
Receipt for Certified Mail
 BURLISON, JACK L.
 BURLISON, JUDITH
 P.O. BOX 82
 ELWOOD, IL 60421

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	




Z 313 202 864

US Postal Service
Receipt for Certified Mail
 LA SALLE NATL. BANK
 TRUST # 27-1315
 135 S. LA SALLE ST.
 CHICAGO, IL 60603

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	



Z 313 202 866

US Postal Service
Receipt for Certified Mail
 ELWOOD FIRE PROT. DIST.
 GILBERT, THOMAS J.
 81 N. CHICAGO ST.
 JOLIET, IL 60432

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	



Z 313 202 809

US Postal Service
Receipt for Certified Mail
 MAES, J. ALBERT II
 219 SPENCER ST.
 ELWOOD, IL 60421

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	



Z 313 202 807

US Postal Service
Receipt for Certified Mail

BARTES, KEVIN G.
BARTES, ALICE
214 PARK ST.
ELWOOD, IL 60421

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	




Z 313 202 814

US Postal Service
Receipt for Certified Mail

HARPER, DOROTHY A.
HARPER, DANIEL L.
101 S. LINCOLN ST.
ELWOOD, IL 60421

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	



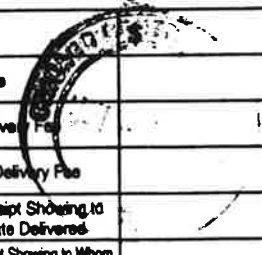
Z 313 202 863

US Postal Service
Receipt for Certified Mail

REYNOLDS, JOSEPH W., JR.
REYNOLDS, LORRAINE F.
110 S. FIRST ST.
PEOTONE, IL 60468

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	



Z 313 202 855

US Postal Service
Receipt for Certified Mail

SNIKERIS, ROLAND E.
114 SOUTH ST.
ELWOOD, IL 60421

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	



Z 313 202 800

US Postal Service
Receipt for Certified Mail
 KERRIDGE, LARRY C.
 305 MISSISSIPPI
 ELWOOD, IL 60421

Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Z 313 202 819

US Postal Service
Receipt for Certified Mail
 GUTIERREZ, WILLARD
 GUTIERREZ, AIDA
 211 S. LINCOLN
 ELWOOD, IL 60421

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Z 313 202 818

US Postal Service
Receipt for Certified Mail
 MC PHERSON, LARRY
 315 LINCOLN ST.
 ELWOOD, IL 60421

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Z 313 202 791

US Postal Service
Receipt for Certified Mail
 MOBIL JOLIET REFINING
 PROPERTY TAX DIV.
 P.O. BOX 290
 DALLAS, TX 75221

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Z 313 202 801

US Postal Service

Receipt for Certified Mail

GESKE, GEORGIA ANN TRUST
P.O. BOX 137
ELWOOD, IL 60421

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Z 313 202 858

US Postal Service

Receipt for Certified Mail

CULLEN, CHARLES L.
CULLEN, CYNTHIA J.
200 W. SOUTH ST.
ELWOOD, IL 60421

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Z 313 202 794

US Postal Service

Receipt for Certified Mail

ROPP, ROLAND R., JR.
1653 N. KANKAKEE ST.
WILMINGTON, IL 60481

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Z 313 202 802

US Postal Service

Receipt for Certified Mail

ELWOOD COMMUNITY
CHURCH
101 N. CHICAGO ST.
P.O. BOX 305
ELWOOD, IL 60421

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Z 313 202 803

US Postal Service
Receipt for Certified Mail
 FAIRFAIRN, ROBERT
 FAIRFAIRN, MARIE
 109 N. LINCOLN ST.
 ELWOOD, IL 60421

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	




Z 313 202 856

US Postal Service
Receipt for Certified Mail
 REYES, ARTHUR
 110 SOUTH ST.
 ELWOOD, IL 60421

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	



Z 313 202 857

US Postal Service
Receipt for Certified Mail
 BROAD, BRUCE
 118 SOUTH ST.
 ELWOOD, IL 60421

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	



Z 313 202 806

US Postal Service
Receipt for Certified Mail
 PROPERTY OWNER OF
 RECORD BANKS DECL. TRUST
 208 N. LINCOLN ST.
 ELWOOD, IL 60421

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	



Z 313 202 805

US Postal Service
Receipt for Certified Mail
 ATTAWAY, GEORGE A.
 P.O. BOX 194
 ELWOOD, IL 60421

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

CHICAGO CENTRAL, CHICAGO, IL
 JAN - 7 '00
 USPS

Z 313 202 804

US Postal Service
Receipt for Certified Mail
 WEIDEMANN, TERRY R.
 P.O. BOX 127
 ELWOOD, IL 60421

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

CHICAGO CENTRAL, CHICAGO, IL
 JAN - 7 '00
 USPS

Z 313 202 859

US Postal Service
Receipt for Certified Mail
 SMITH, RONALD
 202 SOUTH ST.
 ELWOOD, IL 60421

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

CHICAGO CENTRAL, CHICAGO, IL
 JAN - 7 '00
 USPS

Z 313 202 793

US Postal Service
Receipt for Certified Mail
 FIRST IL BK LA GRANGE
 TRUST # 1210
 14 S. LA GRANGE RD.
 LA GRANGE, IL 60525

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

CHICAGO CENTRAL, CHICAGO, IL
 JAN - 7 '00
 USPS

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and 2 for additional services. Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
- ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.



we can return this card to you. If space does not permit, write the article number, and the date.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

JOHNSON, RICKY D., SR.
JOHNSON, MARY E.
P.O. BOX 3941
JOLIET, IL 60434

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

Rack

Ricky D. Johnson

4a. Article Number

Z 313 202 847

4b. Service Type

- ☐ Registered ☒ Certified
- ☐ Express Mail ☐ Insured
- ☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

1-10-00

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
- ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

BARTES, KEVIN G.
BARTES, ALICE
214 PARK ST.
ELWOOD, IL 60421

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

Kevin G. Bartes

4a. Article Number

Z 313 202 807

4b. Service Type

- ☐ Registered ☒ Certified
- ☐ Express Mail ☐ Insured
- ☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

1-11-00

8. Addressee's Address (Only if requested and fee is paid)

*P.O. Box 393
ELWOOD IL 60421-0393*

PS Form 3811, December 1994

102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
- ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

GRUNDY COUNTY NAIL BANK TRUST #1304
201 LIBERTY ST. #520
MORRIS, IL 60450

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

Kathy M. Ramsey

4a. Article Number

Z 313 202 843

- ☐ Registered ☒ Certified
- ☐ Express Mail ☐ Insured
- ☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

1-10-00

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
- ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

WALKER PLACE
9 HARDING PLACE
DANVILLE, IL 61832

4a. Article Number

Z 313 202 880

4b. Service Type

- ☐ Registered ☒ Certified
- ☐ Express Mail ☐ Insured
- ☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

1-11-00 *cyf*

5. Received By: (Print Name)

Jeremy Walker

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Addressee or Agent)

PS Form 3811, December 1994

102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
- ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

ROBERTS, DONALD R.
BOUVRETTE, PAULINE
P.O. BOX 24
ELWOOD, IL 60421

4a. Article Number

Z 313 202 842

4b. Service Type

- ☐ Registered ☐ Certified
- ☐ Express Mail ☐ Insured
- ☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

PS Form 3811, December 1994

102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b.
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- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

ELWOOD SCHOOL DIST. 203
409 N. CHICAGO AVE.
ELWOOD, IL 60421

4a. Article Number

Z 313 202 797

4b. Service Type

- ☐ Registered ☒ Certified
- ☐ Express Mail ☐ Insured
- ☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

1-10-00

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.
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☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

3. Article Addressed to:

NUGENT, TOM
15431 W. OFFNER RD.
MANHATTAN, IL 60442

4a. Article Number

Z 313 202 872

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

1-12-00

5. Received By: (Print Name)

Patricia Nugent

6. Signature (Addressee or Agent)

Patricia Nugent

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

3. Article Addressed to:

LOWERY, DONALD
1015 W. LUND RD.
MORRIS, IL 60450

4a. Article Number

Z 313 202 879

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

1-11-00

5. Received By: (Print Name)

Vickie Lowery

6. Signature (Addressee or Agent)

Vickie Lowery

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

3. Article Addressed to:

MOBIL OIL - FINANCE MGR
P.O. BOX 874
JOLIET, IL 60434

4a. Article Number

Z 313 202 792

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

1-11-00

5. Received By: (Print Name)

John Miller

6. Signature (Addressee or Agent)

John Miller

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
- ☐ Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
- ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

SCHULTZ, DALE
2252 N. 14000 WEST RD.
ESSEX, IL 60935

4a. Article Number

Z 313 202 873

4b. Service Type

- ☐ Registered ☒ Certified
- ☐ Express Mail ☐ Insured
- ☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

1-11-00

5. Received By: (Print Name)

JAC RUDY

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Addressee or Agent)

PS Form 3811, December 1994

102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
- ☐ Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
- ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

JOLIET ARSENAL DEV. AUTHORITY
500 SOUTH WATER ST.
WILMINGTON, IL 60481

4a. Article Number

Z 313 202 885

4b. Service Type

- ☐ Registered ☒ Certified
- ☐ Express Mail ☐ Insured
- ☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

MIR 1/10/2000

5. Received By: (Print Name)

Cherie Belmont

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Addressee or Agent)

PS Form 3811, December 1994

102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
- ☐ Complete items 3, 4a, and 4b.
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- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

LA SALLE NATL. BANK
TRUST # 27-1315
135 S. LA SALLE ST.
CHICAGO, IL 60603

4a. Article Number

Z 313 202 864

4b. Service Type

- ☐ Registered ☒ Certified
- ☐ Express Mail ☐ Insured
- ☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

JAN 11 2000

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

PS Form 3811, December 1994

102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery
3. Article Addressed to: <div style="text-align: center;"> WITT, ROBERT J., JR. WITT, NORMA 204 SOUTH ST. ELWOOD, IL 60421 </div>	4a. Article Number <div style="text-align: center;">Z 313 202 860</div>	4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
5. Received By: (Print Name)	6. Signature (Addressee or Agent) 	7. Date of Delivery <div style="text-align: center;">1-11-00</div>
8. Addressee's Address (Only if requested and fee is paid) <div style="text-align: center;"> PO BOX 51 ELWOOD IL 60421-0051 </div>		
PS Form 3811, December 1994		102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery
3. Article Addressed to: <div style="text-align: center;"> CARLSON, RICHARD L. 115 SOUTH ST. BOX 424 ELWOOD, IL 60421 </div>	4a. Article Number <div style="text-align: center;">Z 313 202 835</div>	4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
5. Received By: (Print Name)	6. Signature (Addressee or Agent) 	7. Date of Delivery <div style="text-align: center;">1-10-00</div>
8. Addressee's Address (Only if requested and fee is paid) <div style="text-align: center;"> 5761 MURIEL LN ST. ANNE IL 60964 </div>		
PS Form 3811, December 1994		102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery
3. Article Addressed to: <div style="text-align: center;"> KERRIDGE, LARRY C. 305 MISSISSIPPI ELWOOD, IL 60421 </div>	4a. Article Number <div style="text-align: center;">Z 313 202 800</div>	4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
5. Received By: (Print Name)	6. Signature (Addressee or Agent) 	7. Date of Delivery <div style="text-align: center;">JAN 10 2000</div>
8. Addressee's Address (Only if requested and fee is paid) <div style="text-align: center;"> PO BOX 22 ELWOOD IL 60421-0022 </div>		
PS Form 3811, December 1994		102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
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- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

BAUER, KEITH
2835 A N 10000 W. RD.
BONFIELD, IL 60913

4a. Article Number

Z 313 202 795

4b. Service Type

- ☐ Registered ☒ Certified
- ☐ Express Mail ☐ Insured
- ☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

1/10/00

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102595-99-8-0223 Domestic Return Receipt

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- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

TYLER, DOROTHY L.
P.O. BOX 1
ELWOOD, IL 60421

4a. Article Number

Z 313 202 798

4b. Service Type

- ☐ Registered ☒ Certified
- ☐ Express Mail ☐ Insured
- ☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

10

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102595-99-8-0223 Domestic Return Receipt

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SENDER:

- ☐ Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b.
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- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

BURLISON, JACK L.
BURLISON, JUDITH
P.O. BOX 82
ELWOOD, IL 60421

4a. Article Number

Z 313 202 865

4b. Service Type

- ☐ Registered ☒ Certified
- ☐ Express Mail ☐ Insured
- ☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

10

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery
3. Article Addressed to: MARTIN, FRED B. MARTIN, TOMMY R. 925 KANKAKEE AVE. LOWELL, IN 46356	4a. Article Number Z 313 202 841 4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD 7. Date of Delivery 1/10 RP	
5. Received By: (Print Name) [Signature]	8. Addressee's Address (Only if requested and fee is paid)	
6. Signature (Addressee or Agent)		
PS Form 3811, December 1994		

102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service

Is your RETURN ADDRESS completed on the reverse side?

SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery
3. Article Addressed to: DON CATHERN CHICAGO CENTRA & PACIFIC RR 455 N. CITY FRONT PLAZA DR. CHICAGO, IL 60611-5504	4a. Article Number Z 313 202 881 4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD 7. Date of Delivery 1-10-00	
5. Received By: (Print Name) [Signature]	8. Addressee's Address (Only if requested and fee is paid)	
6. Signature (Addressee or Agent)		
PS Form 3811, December 1994		

102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service

Is your RETURN ADDRESS completed on the reverse side?

SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery
3. Article Addressed to: REYNOLDS, JOSEPH W., JR. REYNOLDS, LORRAINE F. 110 S. FIRST ST. PEOTONE, IL 60468	4a. Article Number Z 313 202 863 4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD 7. Date of Delivery 1-10-00	
5. Received By: (Print Name) [Signature]	8. Addressee's Address (Only if requested and fee is paid)	
6. Signature (Addressee or Agent)		
PS Form 3811, December 1994		

102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service

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SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
- ☐ Complete items 3, 4a, and 4b.
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- ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

GUTIERREZ, WILLARD
GUTIERREZ, AIDA
211 S. LINCOLN
ELWOOD, IL 60421

4a. Article Number

Z 313 202 819

4b. Service Type

- ☐ Registered ☒ Certified
- ☐ Express Mail ☐ Insured
- ☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

1-10-00

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

PO Box 281
ELWOOD IL 60421-0281

6. Signature (Addressee or Agent)

[Signature]

PS Form 3811, December 1994

102595-00-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
- ☐ Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
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- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

BROAD, BRUCE
118 SOUTH ST.
ELWOOD, IL 60421

4a. Article Number

Z 313 202 857

4b. Service Type

- ☐ Registered ☒ Certified
- ☐ Express Mail ☐ Insured
- ☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

1-10-00

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

PO Box 296
ELWOOD IL 60421-0296

6. Signature (Addressee or Agent)

[Signature]

PS Form 3811, December 1994

102595-00-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
- ☐ Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
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- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

ABRAHAM LINCOLN NATIONAL CEMETERY
27034 S. DIAGONAL RD.
ELWOOD, IL 60421

4a. Article Number

Z 313 202 886

4b. Service Type

- ☐ Registered ☒ Certified
- ☐ Express Mail ☐ Insured
- ☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

1-10-00

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Addressee or Agent)

[Signature]

PS Form 3811, December 1994

102595-00-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
- ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

MC PHERSON, LARRY
315 LINCOLN ST.
ELWOOD, IL 60421

4a. Article Number

Z 313 202 818

4b. Service Type

- ☐ Registered ☒ Certified
- ☐ Express Mail ☐ Insured
- ☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

[Signature]

8. Addressee's Address (Only if requested and fee is paid)

PO Box 819
ELWOOD IL 60421-0087

PS Form 3811, December 1994

102595-99-8-0223 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
- ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

YAKICH, DAVID B.
201 S. LINCOLN ST.
ELWOOD, IL 60421

4a. Article Number

Z 313 202 925

4b. Service Type

- ☐ Registered ☒ Certified
- ☐ Express Mail ☐ Insured
- ☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

[Signature]

8. Addressee's Address (Only if requested and fee is paid)

PO Box 334
ELWOOD IL 60421-0382

PS Form 3811, December 1994

102595-99-8-0223 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
- ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

ELWOOD COMMUNITY CHURCH
101 N. CHICAGO ST.
P.O. BOX 305
ELWOOD, IL 60421

4a. Article Number

Z 313 202 802

4b. Service Type

- ☐ Registered ☒ Certified
- ☐ Express Mail ☐ Insured
- ☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

Rev. Laura Reason

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

3. Article Addressed to:

CHERRY, JAMES
CHERRY, BARBARA
P.O. BOX 236
ELWOOD, IL 60421

4a. Article Number

Z 313 202 851

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

Melissa Cherry

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102595-99-8-0223 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

3. Article Addressed to:

PORTER, ROBERT D.
PORTER, COLLEEN
220 SOUTH ST.
ELWOOD, IL 60421

4a. Article Number

Z 313 202 845

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

Colleen Porter

8. Addressee's Address (Only if requested and fee is paid)

PO Box 153
ELWOOD IL 60421 0153

PS Form 3811, December 1994

102595-99-8-0223 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

3. Article Addressed to:

PERSHEY, MARGARET
PERSHEY, SHEA
214 W. SOUTH ST.
ELWOOD, IL 60421

4a. Article Number

Z 313 202 848

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

Margaret Pershey

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102595-99-8-0223 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
- ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

HALDORSON, RAYMOND
218 W. MORRIS ST.
ELWOOD, IL 60421

4a. Article Number
Z 313 202 826

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☒ Certified
- ☐ Insured
- ☐ COD

7. Date of Delivery

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

Raymond Haldorson

8. Addressee's Address (Only if requested and fee is paid)

PO Box 94
ELWOOD IL 60421-0094

PS Form 3811, December 1994

102595-99-8-0223 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
- ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

SMITH, RONALD
202 SOUTH ST.
ELWOOD, IL 60421

4a. Article Number
Z 313 202 859

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☒ Certified
- ☐ Insured
- ☐ COD

7. Date of Delivery

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

Ronald E. Smith

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102595-99-8-0223 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
- ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

MARTIN, STANLEY J.
MARTIN, JACQUELINE M.
211 SPENCER ST.
ELWOOD, IL 60421

4a. Article Number
Z 313 202 812

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☒ Certified
- ☐ Insured
- ☐ COD

7. Date of Delivery

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

Stanley J. Martin

8. Addressee's Address (Only if requested and fee is paid)

PO Box 214
ELWOOD IL 60421-0214

PS Form 3811, December 1994

102595-99-8-0223 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
- ☐ Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
- ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

HURLEY, WILLIAM
HURLEY, LORETTA
213 S. LINCOLN ST.
ELWOOD, IL 60421

4a. Article Number

Z 313 202 824

4b. Service Type

- ☐ Registered ☒ Certified
- ☐ Express Mail ☐ Insured
- ☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

PS Form 3811, December 1994

8. Addressee's Address (Only if requested and fee is paid)

PO Box 373
ELWOOD IL 60421-0373

102505-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
- ☐ Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
- ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

CULLEN, CHARLES L.
CULLEN, CYNTHIA J.
200 W. SOUTH ST.
ELWOOD, IL 60421

4a. Article Number

Z 313 202 858

4b. Service Type

- ☐ Registered ☒ Certified
- ☐ Express Mail ☐ Insured
- ☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

PS Form 3811, December 1994

8. Addressee's Address (Only if requested and fee is paid)

ELWOOD IL 60421-0102

102505-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
- ☐ Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
- ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

SMITH, DONALD
SMITH, CORA E.
206 E. SOUTH ST.
ELWOOD, IL 60421

4a. Article Number

Z 313 202 861

4b. Service Type

- ☐ Registered ☒ Certified
- ☐ Express Mail ☐ Insured
- ☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

PS Form 3811, December 1994

8. Addressee's Address (Only if requested and fee is paid)

PO Box 157
ELWOOD IL 60421-0157

102505-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
- ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

ATTAWAY, PAUL C., JR.
ATTAWAY, PATRICIA
25656 S. CHICAGO RD.
ELWOOD, IL 60421

4a. Article Number

Z 313 202 817

4b. Service Type

- ☐ Registered ☒ Certified
- ☐ Express Mail ☐ Insured
- ☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

1-10-00

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Addressee or Agent)

Paul C. Attaway Jr.

PS Form 3811, December 1994

102595-99-8-0223 Domestic Return Receipt

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SENDER:

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- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

OSTREM, JAMES L.
OSTREM, BRANDI L.
210 W. PARK ST.
ELWOOD, IL 60421

4a. Article Number

Z 313 202 808

4b. Service Type

- ☐ Registered ☒ Certified
- ☐ Express Mail ☐ Insured
- ☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

1/10/00

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Addressee or Agent)

Brandi L. Ostrem

PO Box 2
ELWOOD IL 60421-0002

PS Form 3811, December 1994

102595-99-8-0223 Domestic Return Receipt

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Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
- ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

PROPERTY OWNER OF RECORD BANKS DECL.
TRUST
208 N. LINCOLN ST.
ELWOOD, IL 60421

4a. Article Number

Z 313 202 806

4b. Service Type

- ☐ Registered ☒ Certified
- ☐ Express Mail ☐ Insured
- ☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Addressee or Agent)

George Banks

PS Form 3811, December 1994

102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
- ☐ Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
- ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

ROPP, ROLAND R., JR.
1653 N. KANKAKEE ST.
WILMINGTON, IL 60481

4a. Article Number

Z 313 202 794

4b. Service Type

- ☐ Registered ☒ Certified
- ☐ Express Mail ☐ Insured
- ☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

11/10/00

5. Received By: (Print Name)

Roland R. Ropp
6. Signature (Addressee or Agent)

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102565-00-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
- ☐ Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
- ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

MIDWIN NATIONAL TALLGRASS PRAIRIE
USDA FOREST SERV./IL
DEPT. OF NATURAL RES.
30071 S. STATE HWY. 53
WILMINGTON, IL 60481

4a. Article Number

Z 313 202 884

4b. Service Type

- ☐ Registered ☒ Certified
- ☐ Express Mail ☐ Insured
- ☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

1-10-00 RD

5. Received By: (Print Name)

William A. Toland
6. Signature (Addressee or Agent)

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102565-00-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
- ☐ Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
- ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

FORMER JOLIET TRAINING AREA, UNDER
ADMIN. OF U.S. ARM RESERVES
DIRECTOR OF SUPP. SERV.
2171 EIGHTH AVENUE S.
FORT MCCOY, WI 54650

4a. Article Number

Z 313 202 883

4b. Service Type

- ☐ Registered ☒ Certified
- ☐ Express Mail ☐ Insured
- ☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

1-10-00

5. Received By: (Print Name)

Maril Linton
6. Signature (Addressee or Agent)

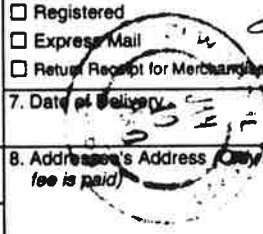
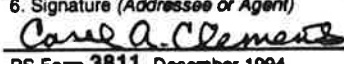
8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102565-00-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

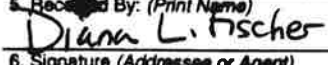
Is your RETURN ADDRESS completed on the reverse side?

SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery
3. Article Addressed to: CLEMENTS, CLARENCE C. BOX 277 ELWOOD, IL 60421	4a. Article Number Z 313 202 850 4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD 7. Date of Delivery 	8. Addressee's Address (Only if requested and fee is paid)
5. Received By: (Print Name) CAROL A. CLEMENTS 6. Signature (Addressee or Agent) 	PS Form 3811, December 1994	

102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.


Is your RETURN ADDRESS completed on the reverse side?

SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery
3. Article Addressed to: FIRST IL BK LA GRANGE TRUST # 1210 143 LA GRANGE RD. LA GRANGE, IL 60525	4a. Article Number Z 313 202 793 4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD 7. Date of Delivery 1-10-95	8. Addressee's Address (Only if requested and fee is paid)
5. Received By: (Print Name) Diana L. Fischer 6. Signature (Addressee or Agent) 	PS Form 3811, December 1994	

102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery
3. Article Addressed to: COMMONWEALTH EDISON CO. TAX DEPT. P.O. BOX 767 CHICAGO, IL 60690	4a. Article Number Z 313 202 867 4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD 7. Date of Delivery 1/19/00	8. Addressee's Address (Only if requested and fee is paid)
5. Received By: (Print Name) 6. Signature (Addressee or Agent) 	PS Form 3811, December 1994	

102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b.
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- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

GODSEY, BRIAN E.
GODSEY, JENNIFER
207 SOUTH ST.
ELWOOD, IL 60421

4a. Article Number

Z 313 202 828

4b. Service Type

- ☐ Registered ☒ Certified
- ☐ Express Mail ☐ Insured
- ☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

1-8-00

5. Received By: (Print Name)

[Signature]
6. Signature (Addressee or Agent)

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

DELEHANTY, SHARON L.
19527 NOEL RD.
ELWOOD, IL 60421

4a. Article Number

Z 313 202 811

4b. Service Type

- ☐ Registered ☒ Certified
- ☐ Express Mail ☐ Insured
- ☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

PS Form 3811, December 1994

8. Addressee's Address (Only if requested and fee is paid)

102595-99-8-0223 Domestic Return Receipt

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SENDER:

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- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

KAPLINSKI, KEVIN
KAPLINSKI, ANGELA
218 SOUTH ST.
ELWOOD, IL 60421

4a. Article Number

Z 313 202 846

4b. Service Type

- ☐ Registered ☒ Certified
- ☐ Express Mail ☐ Insured
- ☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

PS Form 3811, December 1994

8. Addressee's Address (Only if requested and fee is paid)

102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

TYLER, MARILYN M.
217 W. PARKS
ELWOOD, IL 60421

4a. Article Number

Z 313 202 799

4b. Service Type

- ☐ Registered ☒ Certified
- ☐ Express Mail ☐ Insured
- ☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

10/4/94

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

8. Addressee's Address (Only if requested and fee is paid)

DO NOT
ELWOOD IL 60421-0388

PS Form 3811, December 1994

102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
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- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

VILLAGE OF ELWOOD
MISSISSIPPI AVE.
BOX 435
ELWOOD, IL 60421

4a. Article Number

Z 313 202 852

4b. Service Type

- ☐ Registered ☒ Certified
- ☐ Express Mail ☐ Insured
- ☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

1-8-00

5. Received By: (Print Name)

Pat Buchanan

6. Signature (Addressee or Agent)

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

MAES, J. ALBERT II
219 SPENCER ST.
ELWOOD, IL 60421

4a. Article Number

Z 313 202 809

4b. Service Type

- ☐ Registered ☒ Certified
- ☐ Express Mail ☐ Insured
- ☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

10/3/94

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

James J. Maes

8. Addressee's Address (Only if requested and fee is paid)

DO NOT
ELWOOD IL 60421-0355

PS Form 3811, December 1994

102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
- ☐ Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
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- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

GIRARD, RICHARD D.
203 SOUTH ST.
BOX 311
ELWOOD, IL 60421

4a. Article Number

Z 313 202 831

4b. Service Type

- ☐ Registered ☒ Certified
- ☐ Express Mail ☐ Insured
- ☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

1-4-00

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Addressee or Agent)

Richard D. Girard

PS Form 3811, December 1994

102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

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- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

YOUNG, JEFFREY A.
EUGENIDES, PAMELA S.
301 S. LINCOLN ST.
ELWOOD, IL 60421

4a. Article Number

Z 313 202 823

4b. Service Type

- ☐ Registered ☒ Certified
- ☐ Express Mail ☐ Insured
- ☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

1-8-00

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Addressee or Agent)

Jeffrey A. Young

PO Box 74

ELWOOD, IL 60421-0074

PS Form 3811, December 1994

102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

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SENDER:

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- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
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- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

BLUM, ROBERT T.
BLUM, DEBORAH A.
109 S. LINCOLN AVE.
ELWOOD, IL 60421

4a. Article Number

Z 313 202 815

4b. Service Type

- ☐ Registered ☒ Certified
- ☐ Express Mail ☐ Insured
- ☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

1-8-00

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Addressee or Agent)

Deborah A. Blum

PS Form 3811, December 1994

102595-99-8-0223 Domestic Return Receipt

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- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

JENCO, DOUGLAS J.
112 SOUTH ST.
ELWOOD, IL 60421

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

4a. Article Number

Z 313 202 854

4b. Service Type

- ☐ Registered ☒ Certified
- ☐ Express Mail ☐ Insured
- ☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

1-8-90

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
- ☐ Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
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- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

MATICHAK, MARY
P.O. BOX 374
ELWOOD, IL 60421

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

4a. Article Number

Z 313 202 837

4b. Service Type

- ☐ Registered ☒ Certified
- ☐ Express Mail ☐ Insured
- ☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

1-8-90

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102595-99-8-0223 Domestic Return Receipt

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SENDER:

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- ☐ Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
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- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

HALE, JOHN
HALE JEAN M.
209 SOUTH ST.
ELWOOD, IL 60421

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

4a. Article Number

Z 313 202 827

4b. Service Type

- ☐ Registered ☒ Certified
- ☐ Express Mail ☐ Insured
- ☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

1-8-90


8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

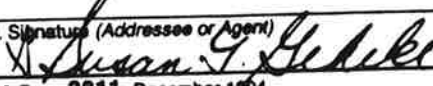
102595-99-8-0223 Domestic Return Receipt

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SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery	
3. Article Addressed to: JACKLICH, MARK A. ROLAND, TONJA D. 108 SOUTH ST. ELWOOD, IL 60421		4a. Article Number Z 313 202 853 4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
5. Received By: (Print Name)		7. Date of Delivery 1-8-00	
6. Signature (Addressee or Agent) 		8. Addressee's Address (Only if requested and fee is paid)	
PS Form 3811, December 1994		102565-99-8-0223 Domestic Return Receipt	

Is your RETURN ADDRESS completed on the reverse side?

SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery	
3. Article Addressed to: GEHRKE, DAVID V. GEHRKE, SUSAN T. 305 LINCOLN ST. ELWOOD, IL 60421		4a. Article Number Z 313 202 822 4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
5. Received By: (Print Name)		7. Date of Delivery 1-8-00	
6. Signature (Addressee or Agent) 		8. Addressee's Address (Only if requested and fee is paid) PO BOX 174 ELWOOD IL 60421-0174	
PS Form 3811, December 1994		102565-99-8-0223 Domestic Return Receipt	

Is your RETURN ADDRESS completed on the reverse side?

SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery	
3. Article Addressed to: HICKEY, GREGORY D. 117 SOUTH ST. ELWOOD, IL 60421		4a. Article Number Z 313 202 833 4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
5. Received By: (Print Name)		7. Date of Delivery 1-8-00	
6. Signature (Addressee or Agent) 		8. Addressee's Address (Only if requested and fee is paid)	
PS Form 3811, December 1994		102565-99-8-0223 Domestic Return Receipt	

Thank you for using Return Receipt Service.

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3. Article Addressed to:	4a. Article Number Z 313 202 870	
RODRIGUEZ, GUADALUPE 23215 S. BRANDON RD. ELWOOD, IL 60421 <i>Sandra Rodriguez</i>	4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
	7. Date of Delivery 1-8-00	
5. Received By: (Print Name)	8. Addressee's Address (Only if requested and fee is paid)	
6. Signature (Addressee or Agent)		

PS Form 3811, December 1994

102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery
Article Addressed to:	4a. Article Number Z 313 202 849	
THOMPSON, DONALD L. THOMPSON, BETTY P.O. BOX 159 ELWOOD, IL 60421 <i>Betty Thompson</i>	4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
	7. Date of Delivery 1-8-00	
5. Received By: (Print Name)	8. Addressee's Address (Only if requested and fee is paid)	
6. Signature (Addressee or Agent)		

PS Form 3811, December 1994

102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery
3. Article Addressed to:	4a. Article Number Z 313 202 796	
BERNHARD, LEO E. BERNHARD, LOIS I. 18530 W. HOFF RD. ELWOOD, IL 60421 <i>Lois Bernhard</i>	4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
	7. Date of Delivery 1-8-00	
5. Received By: (Print Name)	8. Addressee's Address (Only if requested and fee is paid)	
6. Signature (Addressee or Agent)		

PS Form 3811, December 1994

102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

3. Article Addressed to:

WALSH, LAWRENCE
 18801 BROWN RD.
 ELWOOD, IL 60421

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

PS Form 3811, December 1994

4a. Article Number

Z 313 202 810

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

1-8-00

8. Addressee's Address (Only if requested and fee is paid)

102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

3. Article Addressed to:

ROBINSON, CYNTHIA
 ROBINSON, JAMES
 205 SOUTH ST.
 ELWOOD, IL 60421

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

PS Form 3811, December 1994

4a. Article Number

Z 313 202 830

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

1-7-00

8. Addressee's Address (Only if requested and fee is paid)

102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
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☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

3. Article Addressed to:

COOKE, LAWRENCE
 COOKE, THERESA
 116 W. SOUTH ST.
 ELWOOD, IL 60421

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

PS Form 3811, December 1994

4a. Article Number

Z 313 202 862

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

1-8-00

8. Addressee's Address (Only if requested and fee is paid)

102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
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- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

ENIX, RAYMOND
111 S. STREET
ELWOOD, IL 60421

4a. Article Number

Z 313 202 834

4b. Service Type

- ☐ Registered ☒ Certified
- ☐ Express Mail ☐ Insured
- ☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

1-8-00

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

PS Form 3811, December 1994

102585-99-8-0223 Domestic Return Receipt

Fold at line over top of

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
- ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

MATICHAK, TODD C.
P.O. BOX 374
ELWOOD, IL 60421

4a. Article Number

Z 313 202 839

4b. Service Type

- ☐ Registered ☒ Certified
- ☐ Express Mail ☐ Insured
- ☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

1-8-00

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

PS Form 3811, December 1994

102585-99-8-0223 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

ARCHER, DALE S.
ARCHER, FRANCES
P.O. BOX 374
ELWOOD, IL 60421

4a. Article Number

Z 313 202 838

4b. Service Type

- ☐ Registered ☒ Certified
- ☐ Express Mail ☐ Insured
- ☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

1-8-00

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

PS Form 3811, December 1994

102585-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

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☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

3. Article Addressed to:

SCHWEIZER, RONALD
 SCHWEIZER CATHERINE
 205 S LINCOLN ST.
 ELWOOD, IL 60421

4a. Article Number
 Z 313 202 820

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

1-8-00

5. Received By: (Print Name)

[Signature]

6. Signature (Addressee or Agent)

8. Addressee's Address (Only if requested and fee is paid)

PO Box 371
 ELWOOD IL 60421-0371

PS Form 3811, December 1994

102595-99-8-0223 Domestic Return Receipt

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☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

3. Article Addressed to:

JANISZEWSKI, THADDEUS
 P.O. BOX 149
 ELWOOD, IL 60421

4a. Article Number
 Z 313 202 844

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

1-8-00

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

[Signature]

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102595-99-8-0223 Domestic Return Receipt

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☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

3. Article Addressed to:

WEIDEMANN, TERRY R.
 P.O. BOX 127
 ELWOOD, IL 60421

4a. Article Number
 Z 313 202 804

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

1-8-00

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

[Signature]

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102595-99-8-0223 Domestic Return Receipt

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I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

3. Article Addressed to:

HARPER, DOROTHY A.
HARPER, DANIEL L.
101 S. LINCOLN ST.
ELWOOD, IL 60421

4a. Article Number

Z 313 202 814

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

1-8-00

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Addressee or Agent)

Dorothy Harper

PS Form 3811, December 1994

102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

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SENDER:

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☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

3. Article Addressed to:

ATTAWAY, GEORGE A.
P.O. BOX 194
ELWOOD, IL 60421

4a. Article Number

Z 313 202 805

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

1-8-00

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Addressee or Agent)

George Attaway

PS Form 3811, December 1994

102595-99-8-0223 Domestic Return Receipt

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SENDER:

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I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

3. Article Addressed to:

GESKE, GEORGIA ANN TRUST
P.O. BOX 137
ELWOOD, IL 60421

4a. Article Number

Z 313 202 801

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

1-8-00

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Addressee or Agent)

Georgia Geske

PS Form 3811, December 1994

102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery
3. Article Addressed to: CREEK, SCOTT L. 9775 N. 4500 WEST RD. MANTENO, IL 60950	4a. Article Number Z 313 202 874 4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD 7. Date of Delivery 1-11-00	8. Addressee's Address (Only if requested and fee is paid) 5183 W 9000N MANTENO IL 60950
5. Received By: (Print Name) Scott L. Creek 6. Signature (Addressee or Agent) Scott L. Creek		
PS Form 3811, December 1994		102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery
3. Article Addressed to: SNIKERIS, ROLAND E. 114 SOUTH ST. ELWOOD, IL 60421	4a. Article Number Z 313 202 855 4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD 7. Date of Delivery 1-11-00	8. Addressee's Address (Only if requested and fee is paid)
5. Received By: (Print Name) Roland E. Snikeris 6. Signature (Addressee or Agent) Roland E. Snikeris		
PS Form 3811, December 1994		102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery
3. Article Addressed to: ELWOOD FIRE PROT. DIST. GILBERT, THOMAS J. 81 N. CHICAGO ST. JOLIET, IL 60432	4a. Article Number Z 313 202 866 4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD 7. Date of Delivery 1-18-00	8. Addressee's Address (Only if requested and fee is paid)
5. Received By: (Print Name) 6. Signature (Addressee or Agent) Thomas J. Gilbert		
PS Form 3811, December 1994		102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b.
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- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

JACKSON, KEITH
7943 N. 7000 W.
MANTENO, IL 60950

4a. Article Number

Z 313 202 871

4b. Service Type

- ☐ Registered ☒ Certified
- ☐ Express Mail ☐ Insured
- ☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

5. Received By: (Print Name)

Keith Jackson

6. Signature (Addressee or Agent)

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102595-99-8-0223 Domestic Return Receipt

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- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

GARCIA, LUPE
16235 SPENCER RD.
JOLIET, IL 60432

4a. Article Number

Z 313 202 875

4b. Service Type

- ☐ Registered ☒ Certified
- ☐ Express Mail ☐ Insured
- ☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

1-10-00

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

Lupe Garcia

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102595-99-8-0223 Domestic Return Receipt

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- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

BOYER, JOHN F.
BOYER, HELEN M.
212 W. GARDNER ST.
P.O. BOX 6
ELWOOD, IL 60421

4a. Article Number

Z 313 202 821

4b. Service Type

- ☐ Registered ☒ Certified
- ☐ Express Mail ☐ Insured
- ☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

1-11-00

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

Helen M. Boyer

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102595-99-8-0223 Domestic Return Receipt

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- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

GLENN BROWN FARMS #108
24 W. ANDREW RD.
P.O. BOX 286
SPRINGFIELD, IL 62707

4a. Article Number
Z 313 202 876

4b. Service Type

- ☐ Registered ☒ Certified
- ☐ Express Mail ☐ Insured
- ☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Addressee or Agent)

PS Form 3811, December 1994

102595-99-8-0223 Domestic Return Receipt

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- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

MEDLIN, MICHAEL E.
MEDLIN, BRENDA
19241 W. GOOWIN RD.
WILMINGTON, IL 60481

4a. Article Number
Z 313 202 832

4b. Service Type

- ☐ Registered ☒ Certified
- ☐ Express Mail ☐ Insured
- ☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Addressee or Agent)

PS Form 3811, December 1994

102595-99-8-0223 Domestic Return Receipt

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I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

GLASCOCK, VERNON
P.O. BOX 217
ELWOOD, IL 60421

4a. Article Number
Z 313 202 816

4b. Service Type

- ☐ Registered ☒ Certified
- ☐ Express Mail ☐ Insured
- ☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Addressee or Agent)

PS Form 3811, December 1994

102595-99-8-0223 Domestic Return Receipt

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- ☐ Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
- ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

**MOBIL JOLIET REFINING
PROPERTY TAX DIV.
P.O. BOX 290
DALLAS, TX 75221**

4a. Article Number

2 313 202 791

4b. Service Type

- ☐ Registered ☒ Certified
- ☐ Express Mail ☐ Insured
- ☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

JAN 13 2000

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
- ☐ Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
- ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

**FAIRFAIRN, ROBERT
FAIRFAIRN, MARIE
109 N. LINCOLN ST.
ELWOOD, IL 60421**

4a. Article Number

2 313 202 803

4b. Service Type

- ☒ Registered ☒ Certified
- ☐ Express Mail ☐ Insured
- ☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

1-12-00

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

8. Addressee's Address (Only if requested and fee is paid)

PO BOX 247

ELWOOD, IL 60421-0247

PS Form 3811, December 1994

102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
- ☐ Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
- ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

BN&SF RAILROAD
JURY CLINGEN, PROPERTY TAX DEPARTMENT
P.O. BOX 961089
FT. WORTH, TX 76161

4a. Article Number

Z 313 202 882

4b. Service Type

- ☐ Registered ☒ Certified
- ☐ Express Mail ☐ Insured
- ☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

1-14-00

5. Received By: (Print Name)

EVANS

6. Signature (Addressee or Agent)

[Signature]

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
- ☐ Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
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- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

HARVEY, JEANNE
109 SOUTH ST.
ELWOOD, IL 60421

4a. Article Number

Z 313 202 836

4b. Service Type

- ☐ Registered ☒ Certified
- ☐ Express Mail ☐ Insured
- ☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

1-14-00

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

[Signature]

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102595-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Fold at line over top of envelope to
the right of the return address

LAW OFFICES
**ALTHEIMER
& GRAY**

10 SOUTH WACKER DRIVE
CHICAGO, ILLINOIS 60606-7482

CERTIFIED

Z 313 202 840

MAIL

NSA
~~WALSH, L.
18801 BROWN RD.
JOLIET, IL 60435~~


☐ MOVED, LEFT NO ADDRESS
☐ FORWARDING ORDER EXPIRED
☐ ATTEMPTED-NOT KNOWN
☐ UNCLAIMED ☐ REFUSED
☒ NO SUCH STREET
☒ NO SUCH NUMBER
☐ INSUFFICIENT ADDRESS



LaSalle Bank N.A.

35 South LaSalle Street
Chicago, Illinois 60603
(312) 904-2000

LASALLE BANKS

January 18, 2000



LAW OFFICES
ALTHEIMER & GRAY
10 S. Wacker Dr.
Chicago, Illinois 60606-7482

ATTN: KENNETH C. SHEPRO

Dear Mr. Shepro:

RE: TRUST NO(S): 27-1315-00*

We are returning herein correspondence which we received from you in reference to the above captioned trust(s), due to the fact that said trust(s) was or were closed December 6, 1999. We, therefore, no longer have any interest in the subject property referred to in your correspondence and are unable to forward it on to the previous owner(s).

YOURS VERY TRULY,

LA SALLE BANK NATIONAL ASSOCIATION

EVELYN F. LONDON
ADMINISTRATIVE SPECIALIST

/efl

Enclosed

KENNETH C. SHEPRO
(312) 715-4630
sheprok@althaimer.com



10 SOUTH WACKER DRIVE
CHICAGO, ILLINOIS 60606-7482
TEL (312) 715-4000
FAX (312) 715-4600

January 7, 2000

Closed
12-699

Certified Mail-Return Receipt Requested

**TO PROPERTY OWNERS ADJACENT TO THE PROPOSED
DEER RUN INDUSTRIAL PARK**

Re: Application of CenterPoint Properties Trust for Map Amendment
to the Village of Elwood Zoning Map

Dear Property Owner:

You are hereby notified pursuant to the provisions of the Village of Elwood Zoning Ordinance that the undersigned has, on behalf of CenterPoint Properties Trust, a Maryland Real Estate Investment Trust, filed with the Village of Elwood an application for rezoning of certain property (the "Subject Property") to the I-4 Large Scale Industrial Planned Development District (a newly proposed zoning district) upon annexation to the Village of Elwood and for approval of a concept plan of development for the Subject Property. The Subject Property is currently zoned A-1 by Will County.

It appears from the public records that you are an owner of property within 250 feet of the Subject Property proposed for rezoning. The Subject Property consists of approximately 1,800 acres of the former Joliet Arsenal and 355 acres more or less, of the property commonly known as the Steffes Farm.

Enclosed is a Notice of Public Hearing on CenterPoint's Application. The public hearing will be held on January 25, 2000 at 7:00 P.M. at the Elwood Community Church, 101 North Chicago Avenue, Elwood, Illinois 60421. You are invited to attend this hearing.

A copy of our application and supporting materials are on file in the Village Clerk's office and may be inspected during business hours.

Sincerely,


Kenneth C. Shepro

**Attorney for CenterPoint Properties Trust,
a Maryland Real Estate Investment Trust**

KCS:rmp
Enclosure

CHICAGO WASHINGTON, D.C. WARSAW PRAGUE
KYIV BRATISLAVA ISTANBUL SHANGHAI BUCHAREST LONDON

STATE OF ILLINOIS

COUNTY OF WILL

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) ss

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BEFORE THE PLAN COMMISSION
OF THE VILLAGE OF ELWOOD

**NOTICE OF PUBLIC HEARING ON
PROPOSED MAP AMENDMENT TO ZONING ORDINANCE**

NOTICE IS HEREBY GIVEN that the Plan Commission of the Village of Elwood, Will County, Illinois will hold a public hearing on the 25th day of January, 2000, at the Elwood Community Church, 101 North Chicago Avenue, Elwood, Illinois 60421, commencing at the hour of 6:30 p.m., to consider, make recommendations and to conduct a hearing as required by the statutes of the State of Illinois and the ordinances of the Village of Elwood on a proposed map amendment to the Village of Elwood Official Zoning Map to classify the property hereinafter described (the "Subject Property") as a Large-Scale Industrial Planned Development upon annexation to the Village and for approval of a Concept Plan of Development for the Subject Property.

The property which is the subject of the proposed map amendment is located generally west of the existing limits of the Village of Elwood and includes the property commonly known as the Steffes Farm (Parcel 1) and approximately 1,800 acres of the former Joliet Ammunition Plant, also known as the Joliet Arsenal, adjacent thereto (Parcel 2), located in unincorporated Jackson and Channahon Townships. The Subject Property is legally described as follows:

Parcel 1 - (Steffes Farm)

THAT PART OF SECTIONS 29 AND 30 IN TOWNSHIP 34 NORTH RANGE 10 EAST OF THE THIRD PRINCIPAL MERIDIAN, WILL COUNTY, ILLINOIS DESCRIBED AS FOLLOWS: BEGINNING AT THE NORTHEAST CORNER OF SAID SECTION 30; THENCE SOUTH ALONG THE EAST LINE OF THE NORTHEAST QUARTER TO A POINT WHICH IS 630.30 FEET NORTH OF THE SOUTHEAST CORNER OF THE NORTHEAST QUARTER OF THE SAID NORTHEAST QUARTER OF SECTION 30; SAID POINT BEING THE NORTHEAST CORNER OF THE LAND CONVEYED BY A DOCUMENT NO. R95-9474, THENCE WEST ALONG A LINE PERPENDICULAR TO SAID EAST LINE, SAID LINE ALSO BEING THE NORTH LINE OF THE LAND CONVEYED BY SAID DOCUMENT NO. R95-9474, A DISTANCE OF 350.00 FEET; THENCE SOUTH ALONG A LINE PARALLEL WITH THE SAID EAST LINE OF THE NORTHEAST QUARTER SAID LINE ALSO BEING THE WEST LINE OF THE LAND CONVEYED BY SAID DOCUMENT NO. R95-9474, A DISTANCE OF 608.28 FEET TO THE CENTERLINE OF MISSISSIPPI AVENUE; THENCE EASTERLY ALONG SAID CENTERLINE OF MISSISSIPPI AVENUE TO THE AFORESAID EAST LINE OF THE NORTHEAST QUARTER' THENCE SOUTH ALONG SAID EAST LINE 40.00 FEET TO THE SOUTH LINE OF MISSISSIPPI AVENUE AS ESTABLISHED IN THE ORIGINAL VILLAGE OF ELWOOD; THENCE WESTERLY ALONG THE SAID SOUTH LINE OF MISSISSIPPI AVENUE

AS EXTENDED FROM ORIGINAL VILLAGE OF ELWOOD 210.00 FEET; THENCE SOUTH ALONG A LINE PARALLEL WITH THE AFORESAID EAST LINE OF THE NORTHEAST QUARTER TO THE SOUTH LINE OF SAID NORTHEAST QUARTER; THENCE EAST ALONG SAID SOUTH LINE 210.00 FEET TO THE NORTHWEST CORNER OF THE SOUTHWEST QUARTER OF AFORESAID SECTION 29; THENCE SOUTH ALONG THE WEST LINE OF SAID SOUTHWEST QUARTER TO THE SOUTH LINE OF THE NORTH 100.00 FEET OF SAID SOUTHWEST QUARTER; THENCE EAST ALONG SAID SOUTH LINE TO THE WESTERLY RIGHT-OF-WAY LINE OF THE CHICAGO AND ALTON RAILROAD COMPANY (ALSO KNOWN AS THE G,M AND O RAILROAD); THENCE SOUTHERLY ALONG SAID WESTERLY RIGHT-OF-WAY LINE TO THE NORTH LINE OF THE SOUTH 50.00 FEET OF THE SOUTHEAST QUARTER OF THE AFORESAID SECTION 30; THENCE WEST ALONG SAID NORTH LINE 111.84 FEET TO THE EAST LINE OF LAND DESCRIBED IN WARRANTY DEED RECORDED AS DOCUMENT NO. R70-111; THENCE NORTH ALONG SAID EAST 200.00 FEET TO THE NORTH LINE OF SAID LAND DESCRIBED IN DOCUMENT NO. R70-111; THENCE WEST ALONG SAID NORTH LINE 200.00 FEET TO THE WEST LINE OF SAID LAND DESCRIBED IN DOCUMENT NO. R70-111; THENCE SOUTH ALONG SAID WEST LINE 200.00 FEET TO THE AFORESAID NORTH LINE OF THE SOUTH 50.00 FEET OF THE SOUTHEAST QUARTER OF SECTION 30; THENCE SOUTH ALONG SAID WEST LINE 200.00 FEET TO THE AFORESAID NORTH LINE OF THE SOUTH 50.00 FEET OF THE SOUTHEAST QUARTER OF SECTION 30; THENCE WEST ALONG SAID NORTH LINE AND WEST ALONG THE NORTH LINE OF THE SOUTH 50.00 FEET OF THE SOUTHWEST QUARTER OF SAID SECTION 30, TO THE EASTERLY LINE OF LAND DESCRIBED IN WARRANTY DEED RECORDED AS DOCUMENT NO. R73-25241; THENCE NORTHWESTERLY ALONG SAID EASTERLY LINE TO THE EASTERLY RIGHT-OF-WAY LINE OF DIAGONAL ROAD (ALSO KNOWN AS JOLIET ROAD); THENCE NORTHERLY ALONG SAID EASTERLY RIGHT OF WAY LINE TO THE SOUTHERLY LINE OF LAND DESCRIBED IN TRUSTEE'S DEED RECORDED AS DOCUMENT NO. R95-55258; THENCE SOUTH 70 DEGREES 57 MINUTES 05 SECONDS EAST ALONG SAID SOUTHERLY LINE 230.30 FEET TO THE EASTERLY LINE OF SAID LAND DESCRIBED IN DOCUMENT NO. R95-55258; THENCE NORTH 19 DEGREES 02 MINUTES 55 SECONDS EAST ALONG SAID EASTERLY LINE 257.66 FEET TO THE CENTERLINE OF THE U.S. GOVERNMENT SPUR TRACK; THENCE NORTH 58 DEGREES 10 MINUTES 44 SECONDS WEST ALONG SAID CENTERLINE 236.30 FEET TO THE AFORESAID EASTERLY RIGHT-OF-WAY LINE OF DIAGONAL ROAD; THENCE NORTHERLY ALONG SAID EASTERLY RIGHT-OF-WAY LINE TO THE NORTH LINE OF THE AFORESAID NORTHEAST QUARTER OF SECTION 30; THENCE EAST ALONG SAID NORTH LINE TO THE POINT OF BEGINNING; ALL SITUATED IN JACKSON TOWNSHIP, WILL COUNTY, ILLINOIS.

Parcel 2 - (Joliet Arsenal)

THAT PART OF SECTION 30, IN TOWNSHIP 34 NORTH, RANGE 10 EAST OF THE THIRD PRINCIPAL MERIDIAN, AND THAT PART OF SECTIONS 24, 25, 26, 35, AND 36 IN TOWNSHIP 34 NORTH, RANGE 9 EAST OF THE THIRD PRINCIPAL MERIDIAN, WILL

COUNTY, ILLINOIS DESCRIBED AS FOLLOWS: BEGINNING AT THE NORTHWEST CORNER OF AFORESAID SECTION 30; THENCE EASTERLY ALONG THE NORTH LINE OF SAID SECTION 30 TO THE EASTERLY RIGHT-OF-WAY LINE OF DIAGONAL ROAD; THENCE SOUTHERLY ALONG SAID EASTERLY RIGHT-OF-WAY LINE TO A POINT 2212.19 FEET NORTH OF, AS MEASURED PERPENDICULAR TO, THE SOUTH LINE OF THE SOUTHWEST QUARTER OF SAID SECTION 30; THENCE SOUTH 88 DEGREES 06 MINUTES 29 SECONDS WEST, 1019.40 FEET, TO THE WESTERLY LINE OF THE EASEMENT GRANTED TO COMMONWEALTH EDISON COMPANY, PER DOCUMENT NO. R74-19438; THENCE SOUTH 87 DEGREES 56 MINUTES 32 SECONDS WEST, 1366.17 FEET, TO THE WEST LINE OF THE SOUTHWEST QUARTER OF SAID SECTION 30, SAID POINT BEING 2222.41 FEET NORTH OF THE SOUTHWEST CORNER OF SAID SOUTHWEST QUARTER; THENCE CONTINUING SOUTH 87 DEGREES 56 MINUTES 32 SECONDS WEST, 2641.65 FEET, TO THE WEST LINE OF THE EAST HALF OF AFORESAID SECTION 25; THENCE SOUTH 1 DEGREE 51 MINUTES 37 SECONDS EAST, ALONG SAID WEST LINE, 2219.56 FEET, TO THE SOUTHWEST CORNER OF THE EAST HALF OF SAID SECTION 25; THENCE NORTH 87 DEGREES 54 MINUTES 15 SECONDS EAST, ALONG THE SOUTH LINE OF THE EAST HALF OF SAID SECTION 25, 1409.78 FEET; THENCE SOUTH 10 DEGREES 22 MINUTES 23 SECONDS WEST, 754.21 FEET; THENCE SOUTH 55 DEGREES 56 MINUTES 16 SECONDS WEST, 1474.44 FEET, TO THE WEST LINE OF THE EAST HALF OF AFORESAID SECTION 36, SAID POINT BEING 1517.03 FEET SOUTH OF THE NORTHWEST CORNER OF THE EAST HALF OF SAID SECTION 36; THENCE SOUTHERLY ALONG THE WEST LINE OF THE EAST HALF OF SAID SECTION 36 TO THE SOUTH LINE OF THE SOUTHWEST QUARTER OF SAID SECTION 36; THENCE WESTERLY ALONG SAID SOUTH LINE AND WESTERLY ALONG THE SOUTH LINE OF THE AFORESAID SECTION 35 TO A LINE PARALLEL WITH AND 25 FEET EASTERLY OF THE EXISTING PAVEMENT CENTER OF WEST TNT ROAD; THENCE NORTHERLY ALONG SAID PARALLEL LINE TO THE INTERSECTION WITH A LINE 25 FEET SOUTHERLY OF AND PARALLEL WITH THE EXISTING PAVEMENT CENTER OF DRUMMOND ROAD; THENCE EASTERLY ALONG SAID PARALLEL LINE TO THE WEST LINE OF THE NORTHWEST QUARTER OF AFORESAID SECTION 25; THENCE NORTHERLY ALONG SAID WEST LINE AND NORTHERLY ALONG THE WEST LINE OF THE SOUTHWEST QUARTER OF AFORESAID SECTION 24 TO THE NORTH LINE OF SAID SOUTHWEST QUARTER OF SECTION 24; THENCE EASTERLY ALONG SAID NORTH LINE TO THE EAST LINE OF SAID SOUTHWEST QUARTER; THENCE SOUTHERLY ALONG SAID EAST LINE TO THE NORTH LINE OF THE NORTHEAST QUARTER OF THE AFORESAID SECTION 25; THENCE EASTERLY ALONG SAID NORTH LINE TO THE NORTHEAST CORNER OF SAID SECTION 25; THENCE NORTHERLY ALONG THE RANGE LINE 6.60 FEET TO THE POINT OF BEGINNING EXCEPTING THEREFROM THAT PART OF THE NORTH HALF OF AFORESAID SECTION 30 CONVEYED FOR CEMETERY PURPOSES BY DEEDS RECORDED IN BOOK 66, PAGE 102, AS DOCUMENT NO. 39953, AND IN BOOK 578, PAGE 106 AS DOCUMENT NO. 334629, ALL SITUATED IN CHANNAHON AND JACKSON TOWNSHIPS, WILL COUNTY, ILLINOIS, containing 1801.379 acres more or less.