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December 23, 1999

EXHIBIT

13  
1-25-00

**HAND DELIVERY**

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

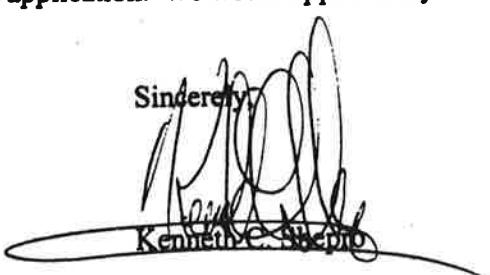
Re: Application for Text Amendment to Zoning Ordinance

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,

  
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. Gasoline 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 5<sup>th</sup> day of July, 2000, and approved by me as Village President.

AYES: 6

NAYS: 0

ABSENT: 0

PASSED and APPROVED this 5<sup>th</sup> day of July, 2000.

  
JAMES CLEMENTI, Village President

ATTEST:

Patricia Buchanan  
PATRICIA BUCHENAU, Village Clerk



PASSED: This 5<sup>th</sup> day of July, 2000.

APPROVED: This 5<sup>th</sup> day of July, 2000.

PUBLISHED: This 1<sup>st</sup> day of July, 2000.

## CERTIFICATE

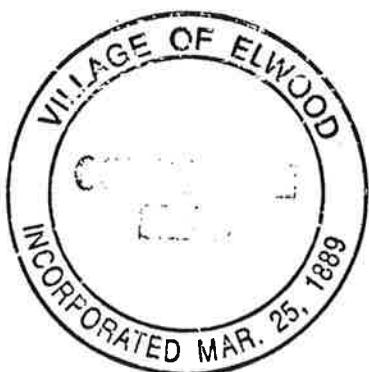
I, Patricia L. Buchenau, DO HEREBY CERTIFY THAT I am the Village Clerk for the Village of Elwood, Will County, Illinois and as such Officer, I have the lawful power and duty to keep a record of all proceedings of the Village Board of Trustees of said Village, and of all Ordinances and Resolutions presented 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 21<sup>st</sup> day of July 2000.



*Patricia L. Buchenau*  
Patricia L. Buchenau  
Village Clerk



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

LAW OFFICES  
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**& GRAY**

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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

**EXHIBIT**

14  
1-25-00

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,

  
Kenneth C. Shepro

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 phase, 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.

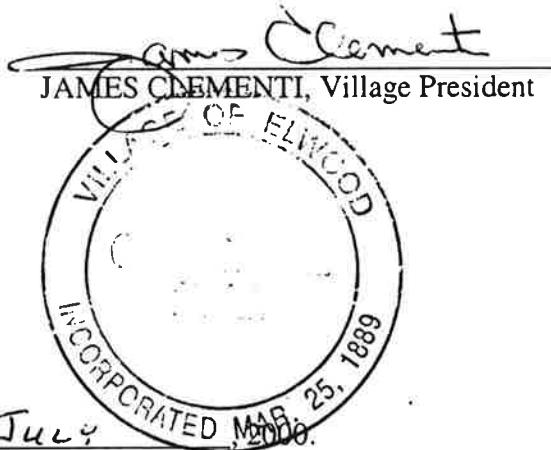
PASSED BY THE VILLAGE BOARD of the Village of Elwood, Illinois at a meeting held on the 5<sup>th</sup> day of July, 2000, and approved by me as Village President.

AYES: 6

NAYS: 0

ABSENT: 0

PASSED and APPROVED this 5<sup>th</sup> day of July, 2000.



ATTEST:

Patricia Buchenau  
PATRICIA BUCHENAU, Village Clerk

PASSED: This 5<sup>th</sup> day of July, 2000.

APPROVED: This 5<sup>th</sup> day of July, 2000.

PUBLISHED: This 21<sup>st</sup> 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 KNOW 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 21<sup>st</sup> day of July 2000.



*Patricia L. Buchenau*  
Patricia L. Buchenau  
Village Clerk

STATE OF ILLINOIS

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COUNTY OF WILL

) ss

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)

BEFORE THE PLAN COMMISSION  
OF THE VILLAGE OF ELWOOD

)

EXHIBIT

275

**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 CHANAHON 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.

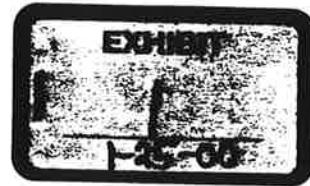
Published by authority of the Plan Commission of the Village of Elwood this 7<sup>th</sup> day of January, 2000.

/s/ John Hancock  
Chairman, Plan Commission

Attest:

/s/ Patricia Buchenau  
Village Clerk





STATE OF ILLINOIS

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)  
) ss  
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)

COUNTY OF WILL

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 25<sup>th</sup> 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. Altheimer & 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 7<sup>th</sup> day of January, 2000.

/s/ John Hancock  
Chairman Plan Commission

Attest: /s/ Patricia Buchenau  
Village Clerk



EX-17

5  
1-25-00

## Herald News

### Certificate of Publication in the

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, Kankakee Counties, 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" - Ill. 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 19 day of January 2000.....  
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

19th day of January 2000.....

THE COPLEY PRESS, INC.

By John Hancock.....

Printer's Fee \$ 116.00..... Paid ..... , 19 .....

No. TP7053947340..... Folio 60000.3871

Elwood Plan Commission  
of the address of record  
Persons with disabilities  
who need special accommodations  
and modifications in order to attend  
and participate should contact  
the Village Clerk at  
815-23-3811. This notice is  
given and published pursuant  
to law. Published by  
Chairman Plan Commission  
Attest: /s/ Patricia Buche-  
man  
Village Clerk  
January 7, 2000

394734

COUNTY OF WILL  
MISSION OF THE  
OF ELWOOD  
NOTICE OF THE  
ON PROPOSED  
AMENDMENT TO THE EL-  
WOOD ZONING ORDIN-  
ANCE.  
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, of the  
Elwood Community Church,  
110 N. Chicago Avenue, El-  
wood, Illinois 60421, comm-  
mencing at the hour of 7:30  
P.M., to consider, make rec-  
ommendations and to con-  
duct a hearing as required  
by the statutes of the State  
of Illinois and the pro-  
visions of the Village of El-  
wood on an application for  
an amendment to the text of  
the Village of Elwood Zon-  
ing Ordinance, Ordinance  
No. 506, as amended (the  
"Zoning Ordinance"). The  
text amendment is Carter-  
Pohl Properties Trust, a  
Maryland Real Estate In-  
vestment Trust, c/o Kenneth  
C. Shepard, Esq., Athel-  
mer & 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 classi-  
fication for Large Scale In-  
dustrial Planned Develop-  
ment on a minimum area  
of 150,000 square feet, and to pro-  
vide for approval of such  
developments in conditional  
form. The proposed amend-  
ment provides for inter-  
mediate, warehouse, dis-  
tribution and office facilities  
as well as hotel, restaurant,  
retail, service, public utility  
and government uses as  
permitted uses as part of an  
overall plan of develop-  
ment, as well as establish-  
ing bulk, regulations applic-  
able in the new zoning dis-  
trict. 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 tes-  
timony on the public hearing  
will be afforded an appear-  
ance. Written  
comments will be consid-  
ered if received prior to the  
public hearing addressed to  
John Hancock, Chairman.



HeraldNews

*Certificate of Publication in the*

STATE OF ILLINOIS }  
COUNTY OF WILL }

THE COPLEY PRESS, INC., DOES HEREBY CERTIFY:

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, Kankakee Counties, 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" - [illegible] Revised Statutes, Chap. 100, Sections 1, 5 and 10.

first publication of said notice was on the 7th day of January, 2002  
and the last publication thereof was on the 19th day of January, 2002.

That said The Herald-News has been regularly published in said City, County and State that the face of type in which each publication or said notice was printed was the same as that of type used in the classified advertising in the newspaper in which said publication was made;

for at least one year prior to the first publication of said notice.

THE COPLEY PRESS, INC.

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Printer's Fee \$ 448.50 Paid ..... 19 .....

2025 RELEASE UNDER E.O. 14176



EXHIBIT C

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

LAW OFFICES  
**ALTHEIMER  
& GRAY**

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:

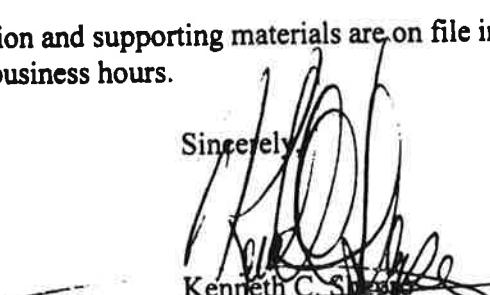
You are hereby notified pursuant to the provisions of the Village of Elwood Zoning Ordinance that the undersigned has, on behalf of CenterPoint Properties Trust, a Maryland Real Estate Investment Trust, filed with the Village of Elwood an application for rezoning of certain property (the "Subject Property") 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	U.S. POSTAL SERVICE
<b>TOTAL Postage &amp; Fees</b>	\$
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	
Return Receipt Showing to Whom & Date Delivered	U.S. POSTAL SERVICE
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	\$
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	U.S. POSTAL SERVICE
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	\$
Postmark or Date	U.S. POSTAL SERVICE

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	
Return Receipt Showing to Whom & Date Delivered	U.S. POSTAL SERVICE
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	\$
Postmark or Date	U.S. POSTAL SERVICE

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	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

CHICAGO  
USPS

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	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

CHICAGO CENTRAL  
USPS

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	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

CHICAGO CENTRAL  
USPS

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	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

CHICAGO CENTRAL  
USPS

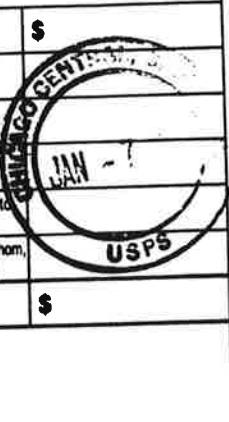
Z 313 202 845

US Postal Service  
**Receipt for Certified Mail**

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

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	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

PS Form 3800, April 1995



Z 313 202 846

US Postal Service  
**Receipt for Certified Mail**

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

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	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

PS Form 3800, April 1995



Z 313 202 850

US Postal Service  
**Receipt for Certified Mail**

CLEMENTS, CLARENCE C.  
BOX 277  
ELWOOD, IL 60421

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	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

PS Form 3800, April 1995



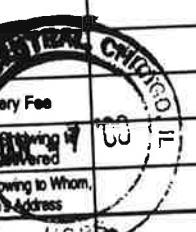
Z 313 202 847

US Postal Service  
**Receipt for Certified Mail**

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

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	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

PS Form 3800, April 1995



Z 313 202 823

US Postal Service  
**Receipt for Certified Mail**  
YOUNG, JEFFREY A.  
EUGENIDES, PAMELA S.  
301 S. LINCOLN ST.  
ELWOOD, IL 60421

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	- 7 '00
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	U.S.P.S.
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

PS Form 3800, April 1995



Z 313 202 822

US Postal Service  
**Receipt for Certified Mail**  
GEHRKE, DAVID V.  
GEHRKE, SUSAN T.  
305 LINCOLN ST.  
ELWOOD, IL 60421

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	U.S.P.S.
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

PS Form 3800, April 1995



Z 313 202 820

US Postal Service  
**Receipt for Certified Mail**  
SCHWEIZER, RONALD  
SCHWEIZER CATHERINE  
205 S LINCOLN ST.  
ELWOOD, IL 60421

Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	- 7 '00
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	U.S.P.S.
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

PS Form 3800, April 1995

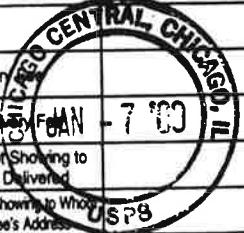


Z 313 202 834

US Postal Service  
**Receipt for Certified Mail**  
ENIX, RAYMOND  
111 S. STREET  
ELWOOD, IL 60421

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	- 7 '00
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	U.S.P.S.
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

PS Form 3800, April 1995



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

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	

PS Form 3800, April 1995

Z 313 202 835

US Postal Service  
**Receipt for Certified Mail**

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

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	

PS Form 3800, April 1995

Z 313 202 833

US Postal Service  
**Receipt for Certified Mail**

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

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	

PS Form 3800, April 1995

Z 313 202 830

US Postal Service  
**Receipt for Certified Mail**

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

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	

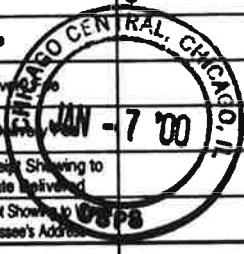
PS Form 3800, April 1995

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	7 00
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	USPS
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

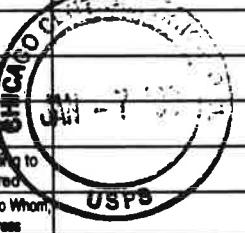


Z 313 202 843

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	USPS
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

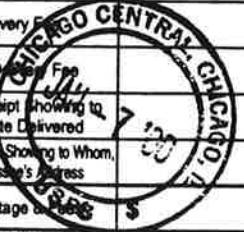


Z 313 202 831

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	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

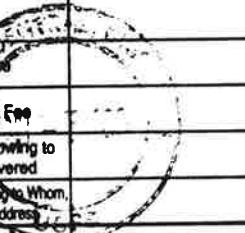


Z 313 202 798

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	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
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 313 202 832

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 313 202 851

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 313 202 842

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 313 202 815

US Postal Service  
**Receipt for Certified Mail**  
 BAUER, KEITH  
 2835 A N 10000 W. RD.  
 BONFIELD, IL 60913

800, 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	
<b>TOTAL Postage &amp; Fees</b>	\$
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	
<b>TOTAL Postage &amp; Fees</b>	\$
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	
<b>TOTAL Postage &amp; Fees</b>	\$
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	
<b>TOTAL Postage &amp; Fees</b>	\$
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	JAN - 7 '00
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 3
Postmark or Date	



Z 313 202 817

US Postal Service  
**Receipt for Certified Mail**  
ATTAWAY, PAUL C., JR.  
ATTAWAY, PATRICIA  
25656 S. 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	JAN
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	

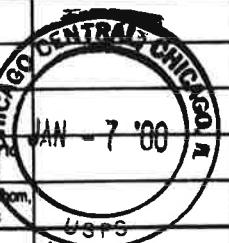


Z 313 202 799

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	JAN - 7 '00
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	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
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	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

Z 313 202 884

US Postal Service  
**Receipt for Certified Mail**

MIDEWIN 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	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
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	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
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	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
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	1 '00
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
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	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
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	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
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	
<b>TOTAL Postage &amp; Fees</b>	\$ 1.00
Postmark or Date	USPS

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	
<b>TOTAL Postage &amp; Fees</b>	\$ 1.00
Postmark or Date	USPS

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	
<b>TOTAL Postage &amp; Fees</b>	\$ 1.00
Postmark or Date	USPS

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	
<b>TOTAL Postage &amp; Fees</b>	\$ 1.00
Postmark or Date	CHICAGO IL

Z 313 202 827

US Postal Service  
**Receipt for Certified Mail**  
HALE, JOHN  
HALE JEAN M.  
209 SOUTH ST.  
ELWOOD, IL 60421

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	
<b>TOTAL Postage &amp; Fees</b>	<b>\$0.00</b>
Postmark or Date	

PS Form 3800, April 1995



Z 313 202 828

US Postal Service  
**Receipt for Certified Mail**  
GODSEY, BRIAN E.  
GODSEY, JENNIFER  
207 SOUTH ST.  
ELWOOD, IL 60421

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	
<b>TOTAL Postage &amp; Fees</b>	<b>\$1.00</b>
Postmark or Date	

PS Form 3800, April 1995



Z 313 202 796

US Postal Service  
**Receipt for Certified Mail**  
BERNHARD, LEO E.  
BERNHARD, LOIS I.  
18530 W. HOFF RD.  
ELWOOD, IL 60421

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	
<b>TOTAL Postage &amp; Fees</b>	<b>\$0.00</b>
Postmark or Date	

PS Form 3800, April 1995

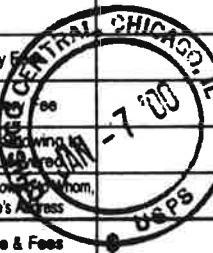


Z 313 202 880

US Postal Service  
**Receipt for Certified Mail**  
WALKER PLACE  
9 HARDING PLACE  
DANVILLE, IL 61832

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	
<b>TOTAL Postage &amp; Fees</b>	<b>\$1.00</b>
Postmark or Date	

PS Form 3800, April 1995



Z 313 202 873

US Postal Service  
**Receipt for Certified Mail**  
SCHULTZ, DALE  
2252 N. 14000 WEST RD.  
ESSEX, IL 60935

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 <b>USPS</b>	
Postmark or Date	

PS Form 3800, April 1995



Z 313 202 870

US Postal Service  
**Receipt for Certified Mail**  
RODRIGUEZ, GUADALUPE  
23215 S. BRANDON RD.  
ELWOOD, IL 60421

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 <b>USPS</b>	
Postmark or Date	

PS Form 3800, April 1995



Z 313 202 872

US Postal Service  
**Receipt for Certified Mail**  
NUGENT, TOM  
15431 W. OFFNER RD.  
MANHATTAN, IL 60442

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

PS Form 3800, April 1995

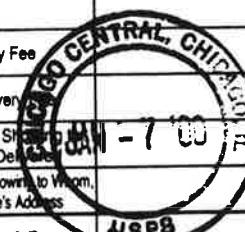


Z 313 202 874

US Postal Service  
**Receipt for Certified Mail**  
CREEK, SCOTT L.  
9775 N. 4500 WEST RD.  
MANTENO, IL 60950

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 <b>USPS</b>	
Postmark or Date	

PS Form 3800, April 1995



Z 313 202 454

US Postal Service  
**Receipt for Certified Mail**

JENCO, DOUGLAS J.  
112 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	



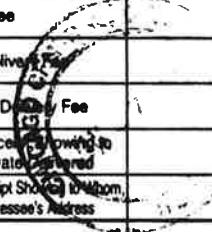
Z 313 202 853

US Postal Service  
**Receipt for Certified Mail**

JACKLICH, 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	



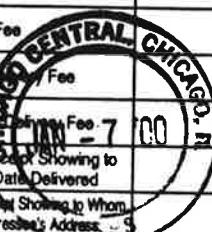
Z 313 202 871

US Postal Service  
**Receipt for Certified Mail**

JACKSON, 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 Mail**

COMMONWEALTH 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	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
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	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
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	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
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

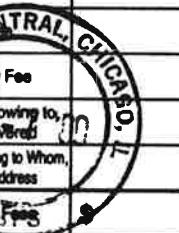
PS Form 3800, April 1995

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	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

Z 313 202 875

US Postal Service  
**Receipt for Certified Mail**  
GARCIA, LUPE  
16235 SPENCER RD.  
JOLIET, IL 60432

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	
<b>TOTAL Postage &amp; Fees</b>	\$
Postmark or Date	



PS Form 3800, April 1995

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

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	
<b>TOTAL Postage &amp; Fees</b>	\$
Postmark or Date	



PS Form 3800, April 1995

Z 313 202 879

US Postal Service  
**Receipt for Certified Mail**  
LOWERY, DONALD  
1015 W. LUND RD.  
MORRIS, IL 60450

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	
<b>TOTAL Postage &amp; Fees</b>	\$
Postmark or Date	

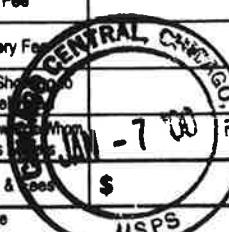


PS Form 3800, April 1995

Z 313 202 886

US Postal Service  
**Receipt for Certified Mail**  
ABRAHAM LINCOLN NATIONAL  
CEMETERY  
27034 S. DIAGONAL RD.  
ELWOOD, IL 60421

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	
<b>TOTAL Postage &amp; Fees</b>	\$
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	
<b>TOTAL Postage &amp; Fees</b>	\$
Postmark or Date	



Z 313 202 881

US Postal Service  
**Receipt for Certified Mail**  
DON CATHERN  
CHICAGO CENTRAL & 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	
<b>TOTAL Postage &amp; Fees</b>	\$
Postmark or Date	

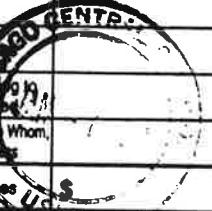


Z 313 202 885

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	
<b>TOTAL Postage &amp; Fees</b>	\$
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

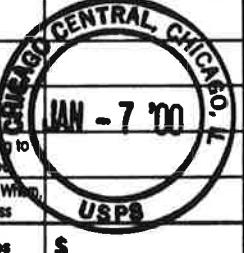
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	\$
Postmark or Date	



Z 313 202 865

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

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	MAN - 7 00
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

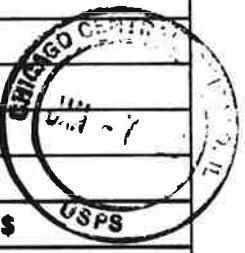


PS Form 3800, April 1995

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

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	MAN - 7 00
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

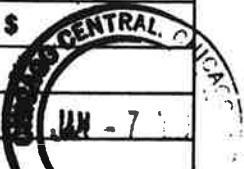


PS Form 3800, April 1995

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

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	MAN - 7 00
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

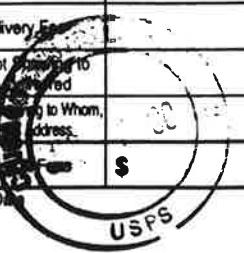


PS Form 3800, April 1995

Z 313 202 809

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

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	MAN - 7 00
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	



PS Form 3800, April 1995

Z 313 202 807

US Postal Service  
**Receipt for Certified Mail**  
BARTES, KEVIN G.  
BARTES, ALICE  
214 PARK ST.  
ELWOOD, IL 60421

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	7/10/95
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 1.00</b>
Postmark or Date	

PS Form 3800, April 1995

Z 313 202 814

US Postal Service  
**Receipt for Certified Mail**  
HARPER, DOROTHY A.  
HARPER, DANIEL L.  
101 S. LINCOLN ST.  
ELWOOD, IL 60421

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	7/10/95
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 1.00</b>
Postmark or Date	

PS Form 3800, April 1995

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

Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	7/10/95
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 1.00</b>
Postmark or Date	

PS Form 3800, April 1995

Z 313 202 855

US Postal Service  
**Receipt for Certified Mail**  
SNIKERIS, ROLAND E.  
114 SOUTH ST.  
ELWOOD, IL 60421

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	7/10/95
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$ 1.00</b>
Postmark or Date	

PS Form 3800, April 1995

Z 313 202 800

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

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	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

Form 3800, April 1995



Z 313 202 818

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

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	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

PS Form 3800, April 1995

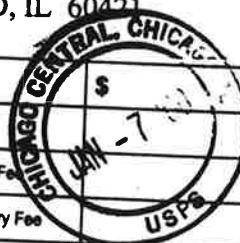


Z 313 202 819

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

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	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

PS Form 3800, April 1995



Z 313 202 791

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

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	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

PS Form 3800, April 1995



Z 313 202 801

US Postal Service  
**Receipt for Certified Mail**  
GESKE, GEORGIA ANN TRUST  
P.O. BOX 137  
ELWOOD, IL 60421

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	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

PS Form 3800, April 1995



Z 313 202 794

US Postal Service  
**Receipt for Certified Mail**  
ROPP, ROLAND R., JR.  
1653 N. KANKAKEE ST.  
WILMINGTON, IL 60481

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	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

PS Form 3800, April 1995



Z 313 202 858

US Postal Service  
**Receipt for Certified Mail**  
CULLEN, CHARLES L.  
CULLEN, CYNTHIA J.  
200 W. SOUTH ST.  
ELWOOD, IL 60421

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	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

PS Form 3800, April 1995



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

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	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

PS Form 3800, April 1995

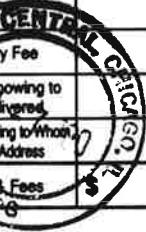


Z 313 202 803

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

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	
<b>TOTAL Postage &amp; Fees</b>	\$ 1.00
Postmark or Date	

PS Form 3800, April 1995



Z 313 202 856

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

Postage	\$
Certified Fee	\$ 1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	\$
Postmark or Date	

PS Form 3800, April 1995



Z 313 202 857

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

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	
<b>TOTAL Postage &amp; Fees</b>	\$
Postmark or Date	

PS Form 3800, April 1995



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

Postage	\$
Certified Fee	\$ 1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	\$
Postmark or Date	

PS Form 3800, April 1995

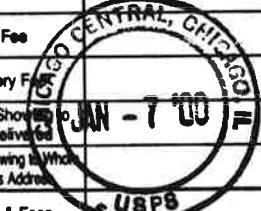


Z 313 202 805

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	JAN - 7 '00
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	\$
Postmark or Date	



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	
<b>TOTAL Postage &amp; Fees</b>	\$
Postmark or Date	



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	JAN - 7 '00
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	\$
Postmark or Date	

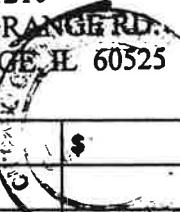


Z 313 202 793

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	
<b>TOTAL Postage &amp; Fees</b>	\$
Postmark or Date	



<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and 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.		 we can return this card to you. space does not permit. article number. 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:  <b>JOHNSON, RICKY D., SR.</b> <b>JOHNSON, MARY E.</b> <b>P.O. BOX 3941</b> <b>JOLIET, IL 60434</b> <i>Rick</i>		4a. Article Number <b>Z 313 202 847</b>  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) <i>Ricky D. Johnson</i>		7. Date of Delivery <i>1-10-00</i>	
6. Signature (Addressee or Agent)		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.

<b>SENDER:</b> <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:  <b>BARTES, KEVIN G.</b> <b>BARTES, ALICE</b> <b>214 PARK ST.</b> <b>ELWOOD, IL 60421</b> <i>Kevin Barters</i>		4a. Article Number <b>Z 313 202 807</b>  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 <i>1-11-00</i>
6. Signature (Addressee or Agent)		8. Addressee's Address (Only if requested and fee is paid) <i>P O Box 393</i> <i>ELWOOD IL 60421-0393</i>

PS Form 3811, December 1994 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

<b>SENDER:</b> <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:  <b>GRUNDY COUNTY NATL BANK TRUST #1304</b> <b>201 LIBERTY ST. #520</b> <b>MORRIS, IL 60450</b> <i>Stacy M. Gensley</i>		4a. Article Number <b>Z 313 202 843</b>  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 <i>1-10-00</i>
6. Signature (Addressee or Agent)		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.

<b>SENDER:</b> <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:  <b>WALKER PLACE</b> <b>9 HARDING PLACE</b> <b>DANVILLE, IL 61832</b>  <i>Jeremy Walker</i>		4a. Article Number <b>Z 313 202 880</b>
		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 <i>1-11-00 Cuf</i>
5. Received By: (Print Name) <i>Jeremy Walker</i>		8. Addressee's Address (Only if requested and fee is paid)
6. Signature (Addressee or Agent) <i>Jeremy Walker</i>		

PS Form 3811, December 1994      102595-99-B-0223      Domestic Return Receipt

Thank you for using Return Receipt Service.

<b>SENDER:</b> <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:  <b>ROBERTS, DONALD R.</b> <b>BOUVRETTE, PAULINE</b> <b>P.O. BOX 24</b> <b>ELWOOD, IL 60421</b>  <i>Donald R. Roberts</i>		4a. Article Number <b>Z 313 202 842</b>
		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 
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)
6. Signature (Addressee or Agent) <i>Donald R. Roberts</i>		

PS Form 3811, December 1994      102595-99-B-0223      Domestic Return Receipt

Thank you for using Return Receipt Service.

<b>SENDER:</b> <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:  <b>ELWOOD SCHOOL DIST. 203</b> <b>409 N. CHICAGO AVE.</b> <b>ELWOOD, IL 60421</b>  <i>C. O. Johnson</i>		4a. Article Number <b>Z 313 202 797</b>
		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 <i>1-10-00</i>
5. Received By: (Print Name) <i>C. O. Johnson</i>		8. Addressee's Address (Only if requested and fee is paid)
6. Signature (Addressee or Agent) <i>C. O. Johnson</i>		

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?

<b>SENDER:</b> <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:  <b>NUGENT, TOM 15431 W. OFFNER RD. MANHATTAN, IL 60442</b>		4a. Article Number <b>Z 313 202 872</b>
		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> COD
		7. Date of Delivery <b>1-12-00</b>
5. Received By: (Print Name) <i>Patricia Nugent</i>		8. Addressee's Address (Only if requested and fee is paid)
6. Signature (Addressee or Agent) <i>Patricia Nugent</i>		

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?

<b>SENDER:</b> <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:  <b>LOWERY, DONALD 1015 W. LUND RD. MORRIS, IL 60450</b>		4a. Article Number <b>Z 313 202 879</b>
		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> COD <input type="checkbox"/> Return Receipt for Merchandise
		7. Date of Delivery <b>1-11-00</b>
5. Received By: (Print Name) <i>Vickie Lowery</i>		6. Addressee's Address (Only if requested and fee is paid)
6. Signature (Addressee or Agent) <i>Vickie Lowery</i>		

PS Form 3811, December 1994

102595-99-B-0223 Domestic Return Receipt

Priority Mail Domestic Delivery Service

Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> <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:  <b>MOBIL OIL - FINANCE MGR P.O. BOX 874 JOLIET, IL 60434</b>		4a. Article Number <b>Z 313 202 792</b>
		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
		7. Date of Delivery <b>1-11-00</b>
5. Received By: (Print Name)		6. Addressee's Address (Only if requested and fee is paid)
6. Signature (Addressee or Agent) <i>John Miller</i>		

PS Form 3811, December 1994

102595-99-B-0223 Domestic Return Receipt

Priority Mail Domestic Delivery Service

<b>SENDER:</b> <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:  <b>SCHULTZ, DALE</b> <b>2252 N. 14000 WEST RD.</b> <b>ESSEX, IL 60935</b>		4a. Article Number <b>Z 313 202 873</b>
		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 <b>1-11-00</b>
5. Received By: (Print Name) <b>JAC</b>		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.

<b>SENDER:</b> <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:  <b>JOLIET ARSENAL DEV. AUTHORITY</b> <b>500 SOUTH WATER ST.</b> <b>WILMINGTON, IL 60481</b>		4a. Article Number <b>Z 313 202 885</b>
		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 <b>11/10/2000</b>
5. Received By: (Print Name) <b>Cherie Belton</b>		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.

<b>SENDER:</b> <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:  <b>LA SALLE NATL. BANK</b> <b>TRUST # 27-1315</b> <b>135 S. LA SALLE ST.</b> <b>CHICAGO, IL 60603</b>		4a. Article Number <b>Z 313 202 864</b>
		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 <b>JAN 11 2000</b>
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)
6. Signature (Addressee or Agent) <b>Ruth Mora</b>		

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?

<b>SENDER:</b> <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): <input type="checkbox"/> Addressee's Address <input type="checkbox"/> Restricted Delivery
3. Article Addressed to:	4a. Article Number <b>Z 313 202 860</b>	
<b>WITT, ROBERT J., JR.</b> <b>WITT, NORMA</b> <b>204 SOUTH ST.</b> <b>ELWOOD, IL 60421</b>		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 <b>1-11-00</b>	
6. Signature (Addressee or Agent)	8. Addressee's Address (Only if requested and fee is paid) <b>PO Box 51</b> <b>ELWOOD IL 60421-0051</b>	
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?

<b>SENDER:</b> <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): <input type="checkbox"/> Addressee's Address <input type="checkbox"/> Restricted Delivery
3. Article Addressed to:	4a. Article Number <b>Z 313 202 835</b>	
<b>CARLSON, RICHARD L.</b> <b>115 SOUTH ST. BOX 424</b> <b>ELWOOD, IL 60421</b>		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 <b>1-10-00</b>	
6. Signature (Addressee or Agent)	8. Addressee's Address (Only if requested and fee is paid) <b>5761 MURIEL LN</b> <b>ST. ANNE IL 60964</b>	
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?

<b>SENDER:</b> <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): <input type="checkbox"/> Addressee's Address <input type="checkbox"/> Restricted Delivery
3. Article Addressed to:	4a. Article Number <b>Z 313 202 800</b>	
<b>KERRIDGE, LARRY C.</b> <b>305 MISSISSIPPI</b> <b>ELWOOD, IL 60421</b>		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 <b>JAN 10 1994</b>	
6. Signature (Addressee or Agent)	8. Addressee's Address (Only if requested and fee is paid) <b>PO Box 322</b> <b>ELWOOD IL 60421-0322</b>	
PS Form 3811, December 1994 102595-99-B-0223 Domestic Return Receipt		

Thank you for using Return Receipt Service.

<b>SENDER:</b> <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:  <b>BAUER, KEITH</b> <b>2835 A N 10000 W. RD.</b> <b>BONFIELD, IL 60913</b> <i>Keith Bauer</i>		4a. Article Number <b>Z 313 202 795</b>
		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 <b>1/10/00</b>
5. Received By: (Print Name)  <i>Richard D. Tyler</i>		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.

<b>SENDER:</b> <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:  <b>TYLER, DOROTHY L.</b> <b>P.O. BOX 1</b> <b>ELWOOD, IL 60421</b> <i>Richard D. Tyler</i>		4a. Article Number <b>Z 313 202 798</b>
		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 <b>1/10/00</b>
5. Received By: (Print Name)  <i>Richard D. Tyler</i>		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.

<b>SENDER:</b> <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:  <b>BURLISON, JACK L.</b> <b>BURLISON, JUDITH</b> <b>P.O. BOX 82</b> <b>ELWOOD, IL 60421</b> <i>Judith Burlison</i>		4a. Article Number <b>Z 313 202 865</b>
		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 <b>1/10/00</b>
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-B-0223      Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> <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:  <b>MARTIN, FRED B. MARTIN, TOMMY R. 925 KANKAKEE AVE. LOWELL, IN 46356</b>	4a. Article Number <b>Z 313 202 841</b>	
5. Received By: (Print Name)  <i>J. C. Martin</i>	4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> COD	
6. Signature (Addressee or Agent)  <i>J. C. Martin</i>	7. Date of Delivery <b>10/10/94</b>	
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?

<b>SENDER:</b> <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:  <b>DON CATHERN CHICAGO CENTRAL &amp; PACIFIC RR 455 N. CITY FRONT PLAZA DR. CHICAGO, IL 60611-5504</b>	4a. Article Number <b>Z 313 202 881</b>	
5. Received By: (Print Name)  <i>D. Cathern</i>	4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> COD	
6. Signature (Addressee or Agent)  <i>D. Cathern</i>	7. Date of Delivery <b>10/10/94</b>	
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?

<b>SENDER:</b> <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:  <b>REYNOLDS, JOSEPH W., JR. REYNOLDS, LORRAINE F. 110 S. FIRST ST. PEOTONE, IL 60468</b>	4a. Article Number <b>Z 313 202 863</b>	
5. Received By: (Print Name)  <i>J. Reynolds</i>	4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> COD	
6. Signature (Addressee or Agent)  <i>J. Reynolds</i>	7. Date of Delivery <b>10/10/94</b>	
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

<b>SENDER:</b> <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: <b>GUTIERREZ, WILLARD GUTIERREZ, AIDA 211 S. LINCOLN ELWOOD, IL 60421</b>		4a. Article Number <b>Z 313 202 819</b>
5. Received By: (Print Name) <b><i>Willard J. Gutierrez</i></b>		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
6. Signature (Addressee or Agent) <b><i>Willard J. Gutierrez</i></b>		7. Date of Delivery <b>1-10-00</b>
8. Addressee's Address (Only if requested and fee is paid) <b>PO Box 281 ELWOOD IL 60421-0281</b>		

PS Form 3811, December 1994 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

<b>SENDER:</b> <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: <b>BROAD, BRUCE 118 SOUTH ST. ELWOOD, IL 60421</b>		4a. Article Number <b>Z 313 202 857</b>
5. Received By: (Print Name) <b><i>Bruce Broad</i></b>		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
6. Signature (Addressee or Agent) <b><i>Bruce Broad</i></b>		7. Date of Delivery <b>10 200</b>
8. Addressee's Address (Only if requested and fee is paid) <b>PO Box 279 ELWOOD IL 60421-0296</b>		

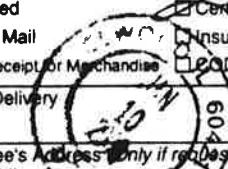
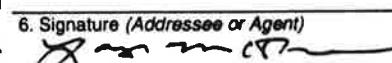
PS Form 3811, December 1994 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

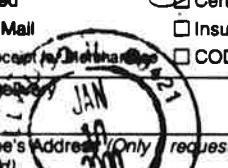
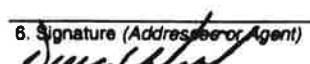
<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this 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: <b>ABRAHAM LINCOLN NATIONAL CEMETERY 27034 S. DIAGONAL RD. ELWOOD, IL 60421</b>		4a. Article Number <b>Z 313 202 886</b>
5. Received By: (Print Name) <b><i>Christine Berry</i></b>		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
6. Signature (Addressee or Agent) <b><i>Christine Berry</i></b>		7. Date of Delivery <b>1-10-00</b>
8. Addressee's Address (Only if requested and fee is paid)		

PS Form 3811, December 1994 102595-99-B-0223 Domestic Return Receipt

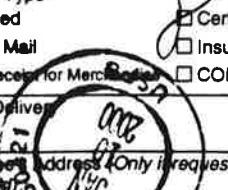
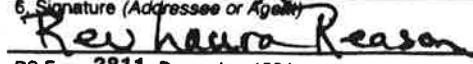
Thank you for using Return Receipt Service.

<b>SENDER:</b> <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:  <b>MC PHERSON, LARRY</b> <b>315 LINCOLN ST.</b> <b>ELWOOD, IL 60421</b>		4a. Article Number <b>Z 313 202 818</b>
		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 
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid) <b>PO BOX 829</b> <b>ELWOOD IL 60421-0829</b>
6. Signature (Addressee or Agent) 		

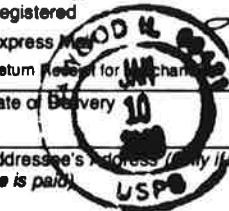
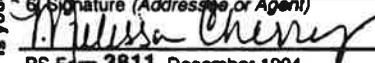
PS Form 3811, December 1994 102595-99-B-0223 Domestic Return Receipt

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3. Article Addressed to:  <b>YAKICH, DAVID B.</b> <b>201 S. LINCOLN ST.</b> <b>ELWOOD, IL 60421</b>		4a. Article Number <b>Z 313 202 925</b>
		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 
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid) <b>PO BOX 305</b> <b>ELWOOD IL 60421-0305</b>
6. Signature (Addressee or Agent) 		

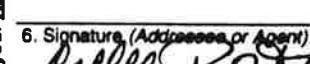
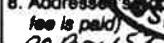
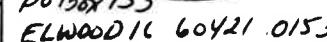
PS Form 3811, December 1994 102595-99-B-0223 Domestic Return Receipt

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3. Article Addressed to:  <b>ELWOOD COMMUNITY CHURCH</b> <b>101 N. CHICAGO ST.</b> <b>P.O. BOX 305</b> <b>ELWOOD, IL 60421</b>		4a. Article Number <b>Z 313 202 802</b>
		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 
5. Received By: (Print Name) 		8. Addressee's Address (Only if requested and fee is paid) <b>Rev. Paula Reason</b> <b>PO BOX 305</b> <b>ELWOOD IL 60421-0305</b>
6. Signature (Addressee or Agent) 		

PS Form 3811, December 1994 102595-99-B-0223 Domestic Return Receipt

<b>SENDER:</b> <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: <b>CHERRY, JAMES CHERRY, BARBARA P.O. BOX 236 ELWOOD, IL 60421</b>		4a. Article Number <b>Z 313 202 851</b>
		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> COD
		7. Date of Delivery 
5. Received By: (Print Name) 		8. Addressee's Address (Only if requested and fee is paid) 

PS Form 3811, December 1994 102585-99-B-0223 Domestic Return Receipt

<b>SENDER:</b> <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: <b>PORTER, ROBERT D. PORTER, COLLEEN 220 SOUTH ST. ELWOOD, IL 60421</b>		4a. Article Number <b>Z 313 202 845</b>
		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> COD
		7. Date of Delivery 
5. Received By: (Print Name) 		8. Addressee's Address (Only if requested and fee is paid)  

PS Form 3811, December 1994 102585-99-B-0223 Domestic Return Receipt

<b>SENDER:</b> <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: <b>PERSHEY, MARGARET PERSHEY, SHEA 214 W. SOUTH ST. ELWOOD, IL 60421</b>		4a. Article Number <b>Z 313 202 848</b>
		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> 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 102585-99-B-0223 Domestic Return Receipt

<b>SENDER:</b> <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): <input type="checkbox"/> Addressee's Address <input type="checkbox"/> Restricted Delivery
<b>3. Article Addressed to:</b> <b>HALDORSON, RAYMOND</b> <b>218 W. MORRIS ST.</b> <b>ELWOOD, IL 60421</b>		<b>4a. Article Number:</b> <b>Z 313 202 826</b>
<b>5. Received By: (Print Name)</b> <b><i>Raymond Haldorson</i></b>		<b>4b. Service Type:</b> <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> COD
<b>6. Signature (Addressee or Agent)</b> <b><i>Raymond Haldorson</i></b>		<b>7. Date of Delivery:</b> <b>01/23/95</b>
<b>8. Addressee's Address (Only if requested and fee is paid):</b> <b>P.O. Box 99</b> <b>ELWOOD IL 60421-0099</b>		

PS Form 3811, December 1994 102585-99-B-0223 Domestic Return Receipt

<b>SENDER:</b> <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): <input type="checkbox"/> Addressee's Address <input type="checkbox"/> Restricted Delivery
<b>3. Article Addressed to:</b> <b>SMITH, RONALD</b> <b>202 SOUTH ST.</b> <b>ELWOOD, IL 60421</b>		<b>4a. Article Number:</b> <b>Z 313 202 859</b>
<b>5. Received By: (Print Name)</b> <b><i>Ronald E. Smith</i></b>		<b>4b. Service Type:</b> <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> COD
<b>6. Signature (Addressee or Agent)</b> <b><i>Ronald E. Smith</i></b>		<b>7. Date of Delivery:</b> <b>01/23/95</b>
<b>8. Addressee's Address (Only if requested and fee is paid):</b> <b>P.O. Box 99</b> <b>ELWOOD IL 60421-0099</b>		

PS Form 3811, December 1994 102585-99-B-0223 Domestic Return Receipt

<b>SENDER:</b> <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): <input type="checkbox"/> Addressee's Address <input type="checkbox"/> Restricted Delivery
<b>3. Article Addressed to:</b> <b>MARTIN, STANLEY J.</b> <b>MARTIN, JACQUELINE M.</b> <b>211 SPENCER ST.</b> <b>ELWOOD, IL 60421</b>		<b>4a. Article Number:</b> <b>Z 313 202 812</b>
<b>5. Received By: (Print Name)</b> <b><i>Stanley J. Martin</i></b>		<b>4b. Service Type:</b> <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured <input type="checkbox"/> COD
<b>6. Signature (Addressee or Agent)</b> <b><i>Stanley J. Martin</i></b>		<b>7. Date of Delivery:</b> <b>01/23/95</b>
<b>8. Addressee's Address (Only if requested and fee is paid):</b> <b>P.O. Box 214</b> <b>ELWOOD IL 60421-0214</b>		

PS Form 3811, December 1994 102585-99-B-0223 Domestic Return Receipt

<b>SENDER:</b> <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
<b>3. Article Addressed to:</b> <b>HURLEY, WILLIAM</b> <b>HURLEY, LORETTA</b> <b>213 S. LINCOLN ST.</b> <b>ELWOOD, IL 60421</b>		<b>4a. Article Number</b> <b>Z 313 202 824</b>
<b>5. Received By: (Print Name)</b> <i>L. Hurley</i>		<b>4b. Service Type</b> <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
<b>6. Signature (Addressee or Agent)</b> <i>L. Hurley</i>		<b>7. Date of Delivery</b> <i>1/1/95</i>
<b>8. Addressee's Address (Only if requested and fee is paid)</b> <b>PO Box 373</b> <b>ELWOOD IL 60421-0373</b>		

PS Form 3811, December 1994 102505-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

<b>SENDER:</b> <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
<b>3. Article Addressed to:</b> <b>CULLEN, CHARLES L.</b> <b>CULLEN, CYNTHIA J.</b> <b>200 W. SOUTH ST.</b> <b>ELWOOD, IL 60421</b>		<b>4a. Article Number</b> <b>Z 313 202 858</b>
<b>5. Received By: (Print Name)</b> <i>Cynthia Cullen</i>		<b>4b. Service Type</b> <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
<b>6. Signature (Addressee or Agent)</b> <i>Cynthia Cullen</i>		<b>7. Date of Delivery</b> <i>1/1/95</i>
<b>8. Addressee's Address (Only if requested and fee is paid)</b> <b>PO Box 102</b> <b>ELWOOD IL 60421-0102</b>		

PS Form 3811, December 1994 102505-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

<b>SENDER:</b> <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
<b>3. Article Addressed to:</b> <b>SMITH, DONALD</b> <b>SMITH, CORA E.</b> <b>206 E. SOUTH ST.</b> <b>ELWOOD, IL 60421</b>		<b>4a. Article Number</b> <b>Z 313 202 861</b>
<b>5. Received By: (Print Name)</b> <i>Donald Smith</i>		<b>4b. Service Type</b> <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
<b>6. Signature (Addressee or Agent)</b> <i>Donald Smith</i>		<b>7. Date of Delivery</b> <i>JAN 10 2000</i>
<b>8. Addressee's Address (Only if requested and fee is paid)</b> <b>PO Box 157</b> <b>ELWOOD IL 60421-0157</b>		

PS Form 3811, December 1994 102505-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

<b>SENDER:</b>	
<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 <b>Z 313 202 817</b>
<b>ATTAWAY, PAUL C., JR.</b> <b>ATTAWAY, PATRICIA</b> <b>25656 S. CHICAGO RD.</b> <b>ELWOOD, IL 60421</b>	
5. Received By: (Print Name)	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
6. Signature (Addressee or Agent)	7. Date of Delivery <b>1/10/00</b>
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.

<b>SENDER:</b>	
<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 <b>Z 313 202 808</b>
<b>OSTREM, JAMES L.</b> <b>OSTREM, BRANDI L.</b> <b>210 W. PARK ST.</b> <b>ELWOOD, IL 60421</b>	
5. Received By: (Print Name)	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
6. Signature (Addressee or Agent)	7. Date of Delivery <b>1/10/00</b>
8. Addressee's Address (Only if requested and fee is paid)	

PS Form 3811, December 1994 102595-99-B-0223 Domestic Return Receipt

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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 <b>Z 313 202 806</b>
<b>PROPERTY OWNER OF RECORDS TRUST</b> <b>208 N. LINCOLN ST.</b> <b>ELWOOD, IL 60421</b>	
5. Received By: (Print Name)	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
6. Signature (Addressee or Agent)	7. Date of Delivery
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?

<b>SENDER:</b> <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:  <b>ROPP, ROLAND R. JR.</b> <b>1653 N. KANKAKEE ST.</b> <b>WILMINGTON, IL 60481</b>	4a. Article Number <b>Z 313 202 794</b>
5. Received By: (Print Name) <i>Roland R. Ropp Jr.</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
6. Signature (Addressee or Agent) <i>Roland R. Ropp Jr.</i>	7. Date of Delivery <b>1/10/00</b>
8. Addressee's Address (Only if requested and fee is paid)	

PS Form 3811, December 1994

102505-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> <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:  <b>MIDEWIN NATIONAL TALLGRASS PRAIRIE</b> <b>USDA FOREST SERVICE</b> <b>DEPT. OF NATURAL RES.</b> <b>30071 S. STATE HWY. 53</b> <b>WILMINGTON, IL 60481</b>	4a. Article Number <b>Z 313 202 884</b>
5. Received By: (Print Name) <i>John A. Kolanek</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
6. Signature (Addressee or Agent) <i>John A. Kolanek</i>	7. Date of Delivery <b>1-10-00 RD</b>
8. Addressee's Address (Only if requested and fee is paid)	

PS Form 3811, December 1994

102505-99-B-0223 Domestic Return Receipt

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Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> <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:  <b>FORMER JOLIET TRAINING AREA, U.S. ARMY</b> <b>ADMIN. OF U.S. ARM RESERVES</b> <b>DIRECTOR OF SUPP. SERV.</b> <b>2171 EIGHTH AVENUE S.</b> <b>FORT MCCOY, WI 54650</b>	4a. Article Number <b>Z 313 202 883</b>
5. Received By: (Print Name) <i>John A. Kolanek</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
6. Signature (Addressee or Agent) <i>John A. Kolanek</i>	7. Date of Delivery <b>1-10-00</b>
8. Addressee's Address (Only if requested and fee is paid)	

PS Form 3811, December 1994

102505-99-B-0223 Domestic Return Receipt

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3. Article Addressed to: <b>CLEMENTS, CLARENCE C. BOX 277 ELWOOD, IL 60421</b>		4a. Article Number <b>Z 313 202 850</b>
		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 <b>1-10-95</b>
5. Received By: (Print Name) <b>Carol A. Clements</b>		8. Addressee's Address (Only if requested and fee is paid)
6. Signature (Addressee or Agent) <b>Carol A. Clements</b>		

PS Form 3811, December 1994      102595-99-B-0223      Domestic Return Receipt

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3. Article Addressed to: <b>FIRST IL BK LA GRANGE TRUST # 1210 145. LA GRANGE RD. LA GRANGE, IL 60525</b>		4a. Article Number <b>Z 313 202 793</b>
		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 <b>1-10-95</b>
5. Received By: (Print Name) <b>Diana L. Fischer</b>		8. Addressee's Address (Only if requested and fee is paid)
6. Signature (Addressee or Agent)		

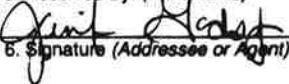
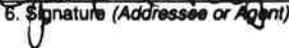
PS Form 3811, December 1994      102595-99-B-0223      Domestic Return Receipt

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3. Article Addressed to: <b>COMMONWEALTH EDISON CO. TAX DEPT. P.O. BOX 767 CHICAGO, IL 60690</b>		4a. Article Number <b>Z 313 202 867</b>
		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 <b>1-10-95</b>
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-B-0223      Domestic Return Receipt

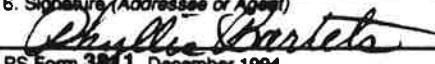
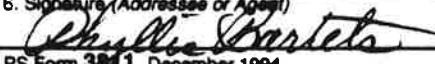
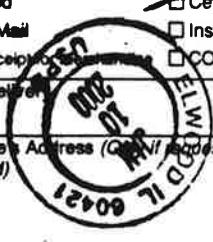
Thank you for using Return Receipt Service.

<b>SENDER:</b> <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: <b>GODSEY, BRIAN E. GODSEY, JENNIFER 207 SOUTH ST. ELWOOD, IL 60421</b>		4a. Article Number <b>Z 313 202 828</b>
5. Received By: (Print Name) 		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
6. Signature (Addressee or Agent) 		7. Date of Delivery <b>12-10</b>
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.

<b>SENDER:</b> <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: <b>DELEHANTY, SHARON L. 19527 NOEL RD. ELWOOD, IL 60421</b>		4a. Article Number <b>Z 313 202 811</b>
5. Received By: (Print Name) 		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
6. Signature (Addressee or Agent) 		7. Date of Delivery 
8. Addressee's Address (Only if requested and fee is paid)		

PS Form 3811, December 1994

102595-99-B-0223 Domestic Return Receipt

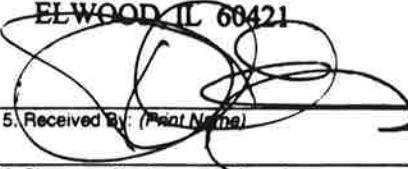
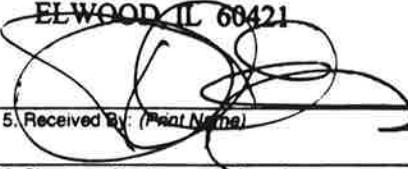
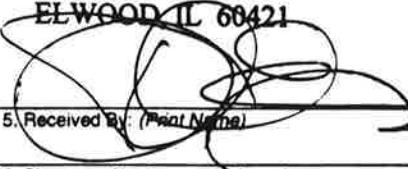
Thank you for using Return Receipt Service.

<b>SENDER:</b> <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: <b>KAPLINSKI, KEVIN KAPLINSKI, ANGELA 218 SOUTH ST. ELWOOD, IL 60421</b>		4a. Article Number <b>Z 313 202 846</b>
5. Received By: (Print Name) 		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
6. Signature (Addressee or Agent) 		7. Date of Delivery 
8. Addressee's Address (Only if requested and fee is paid)		

PS Form 3811, December 1994

102595-99-B-0223 Domestic Return Receipt

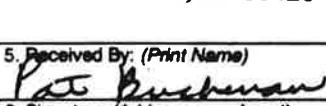
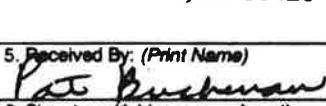
Thank you for using Return Receipt Service.

<b>SENDER:</b> <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): <input type="checkbox"/> Addressee's Address <input type="checkbox"/> Restricted Delivery
<b>3. Article Addressed to:</b> <b>TYLER, MARILYN M.</b> <b>217 W. PARKS</b> <b>ELWOOD IL 60421</b> 		<b>4a. Article Number</b> <b>Z 313 202 799</b> <b>4b. Service Type</b> <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
<b>5. Received By: (Print Name)</b> 		<b>7. Date of Delivery</b> 
<b>6. Signature (Addressee or Agent)</b> 		<b>8. Addressee's Address (Only if requested and fee is paid)</b> <b>DO BOX 388</b> <b>ELWOOD IL 60421-0388</b>

PS Form 3811, December 1994

102595-99-B-0223 Domestic Return Receipt

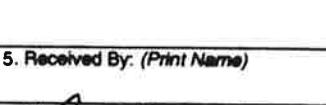
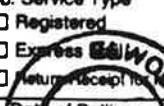
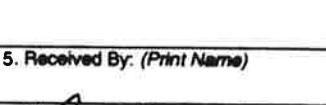
Thank you for using Return Receipt Service.

<b>SENDER:</b> <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): <input type="checkbox"/> Addressee's Address <input type="checkbox"/> Restricted Delivery
<b>3. Article Addressed to:</b> <b>VILLAGE OF ELWOOD</b> <b>MISSISSIPPI AVE.</b> <b>BOX 435</b> <b>ELWOOD, IL 60421</b>		<b>4a. Article Number</b> <b>Z 313 202 852</b> <b>4b. Service Type</b> <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
<b>5. Received By: (Print Name)</b> 		<b>7. Date of Delivery</b> 
<b>6. Signature (Addressee or Agent)</b> 		<b>8. Addressee's Address (Only if requested and fee is paid)</b> 

PS Form 3811, December 1994

102595-99-B-0223 Domestic Return Receipt

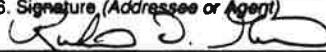
Thank you for using Return Receipt Service.

<b>SENDER:</b> <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): <input type="checkbox"/> Addressee's Address <input type="checkbox"/> Restricted Delivery
<b>3. Article Addressed to:</b> <b>MAES, J. ALBERT II</b> <b>219 SPENCER ST.</b> <b>ELWOOD, IL 60421</b>		<b>4a. Article Number</b> <b>Z 313 202 809</b> <b>4b. Service Type</b> <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
<b>5. Received By: (Print Name)</b> 		<b>7. Date of Delivery</b> 
<b>8. Signature (Addressee or Agent)</b> 		<b>8. Addressee's Address (Only if requested and fee is paid)</b> <b>PO BOX 388</b> <b>ELWOOD IL 60421-0388</b>

PS Form 3811, December 1994

102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

<b>SENDER:</b> <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: <b>GIRARD, RICHARD D.</b> <b>203 SOUTH ST.</b> <b>BOX 311</b> <b>ELWOOD, IL 60421</b>		4a. Article Number <b>Z 313 202 831</b>
		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 <b>14-00</b>
5. Received By: (Print Name)  6. Signature (Addressee or Agent) 		8. Addressee's Address (Only if requested and fee is paid)

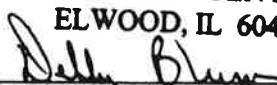
PS Form 3811, December 1994 102505-98-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

<b>SENDER:</b> <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: <b>YOUNG, JEFFREY A.</b> <b>EUGENIDES, PAMELA S.</b> <b>301 S. LINCOLN ST.</b> <b>ELWOOD, IL 60421</b>		4a. Article Number <b>Z 313 202 823</b>
		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 <b>1-8-00</b>
5. Received By: (Print Name)  6. Signature (Addressee or Agent) 		8. Addressee's Address (Only if requested and fee is paid) <b>PO Box 74</b> <b>ELWOOD, IL 60421-0074</b>

PS Form 3811, December 1994 102505-98-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

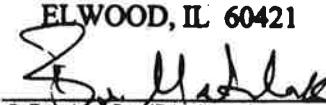
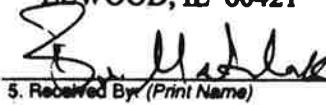
<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this 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: <b>BLUM, ROBERT T.</b> <b>BLUM, DEBORAH A.</b> <b>109 S. LINCOLN AVE.</b> <b>ELWOOD, IL 60421</b>		4a. Article Number <b>Z 313 202 815</b>
		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 <b>1-7-00</b>
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 102505-98-B-0223 Domestic Return Receipt

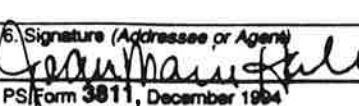
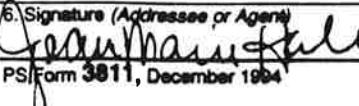
Thank you for using Return Receipt Service.

<b>SENDER:</b> <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 the 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:  <b>JENCO, DOUGLAS J.</b> <b>112 SOUTH ST.</b> <b>ELWOOD, IL 60421</b> 		4a. Article Number <b>Z 313 202 854</b>
5. Received By: (Print Name) 		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> COD
6. Signature (Addressee or Agent)		7. Date of Delivery <b>1-8-90</b>
8. Addressee's Address (Only if requested and fee is paid)		

PS Form 3811, December 1994 102595-99-B-0223 Domestic Return Receipt

<b>SENDER:</b> <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:  <b>MATICHAK, MARY</b> <b>P.O. BOX 374</b> <b>ELWOOD, IL 60421</b> 		4a. Article Number <b>Z 313 202 837</b>
5. Received By: (Print Name) 		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> COD <input type="checkbox"/> Return Receipt for Merchandise
6. Signature (Addressee or Agent)		7. Date of Delivery <b>1-8-90</b>
8. Addressee's Address (Only if requested and fee is paid)		

PS Form 3811, December 1994 102595-99-B-0223 Domestic Return Receipt

<b>SENDER:</b> <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:  <b>HALE, JOHN</b> <b>HALE JEAN M.</b> <b>209 SOUTH ST.</b> <b>ELWOOD, IL 60421</b> 		4a. Article Number <b>Z 313 202 827</b>
5. Received By: (Print Name) 		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> COD <input type="checkbox"/> Return Receipt for Merchandise
6. Signature (Addressee or Agent)		7. Date of Delivery <b>1-8-90</b>
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.

Thank you for using Return Receipt Service.

Thank you for using Return Receipt Service.

<b>SENDER:</b> <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): <input type="checkbox"/> Addressee's Address <input type="checkbox"/> Restricted Delivery
<b>3. Article Addressed to:</b> <b>JACKLICH, MARK A. ROLAND, TONJA D. 108 SOUTH ST. ELWOOD, IL 60421</b>		<b>4a. Article Number</b> <b>Z 313 202 853</b>
		<b>4b. Service Type</b> <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
		<b>7. Date of Delivery</b> <b>1-8-00</b>
<b>5. Received By: (Print Name)</b> <b>TONJA ROLAND</b>		<b>8. Addressee's Address (Only if requested and fee is paid)</b> <b>PS Form 3811, December 1994</b>

102585-99-B-0223 Domestic Return Receipt

<b>SENDER:</b> <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): <input type="checkbox"/> Addressee's Address <input type="checkbox"/> Restricted Delivery
<b>3. Article Addressed to:</b> <b>GEHRKE, DAVID V. GEHRKE, SUSAN T. 305 LINCOLN ST. ELWOOD, IL 60421</b>		<b>4a. Article Number</b> <b>Z 313 202 822</b>
		<b>4b. Service Type</b> <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
		<b>7. Date of Delivery</b> <b>1-8-00</b>
<b>5. Received By: (Print Name)</b> <b>SUSAN G. GEHRKE</b>		<b>8. Addressee's Address (Only if requested and fee is paid)</b> <b>PO Box 174 ELWOOD IL 60421-0174</b>

102585-99-B-0223 Domestic Return Receipt

<b>SENDER:</b> <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): <input type="checkbox"/> Addressee's Address <input type="checkbox"/> Restricted Delivery
<b>3. Article Addressed to:</b> <b>HICKEY, GREGORY D. 117 SOUTH ST. ELWOOD, IL 60421</b>		<b>4a. Article Number</b> <b>Z 313 202 833</b>
		<b>4b. Service Type</b> <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
		<b>7. Date of Delivery</b> <b>1-8-00</b>
<b>5. Received By: (Print Name)</b> <b>GREGORY D. HICKEY</b>		<b>8. Addressee's Address (Only if requested and fee is paid)</b> <b>PS Form 3811, December 1994</b>

102585-99-B-0223 Domestic Return Receipt

<b>SENDER:</b> <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: <b>RODRIGUEZ, GUADALUPE</b> <b>23215 S. BRANDON RD.</b> <b>ELWOOD, IL 60421</b> <i>Sandra Rodriguez</i>		4a. Article Number <b>Z 313 202 870</b>
5. Received By: (Print Name) 		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
6. Signature (Addressee or Agent) 		7. Date of Delivery <b>1-8-00</b>
8. Addressee's Address (Only if requested and fee is paid)		

PS Form 3811, December 1994      102585-99-B-0223      Domestic Return Receipt

Thank you for using Return Receipt Service.

<b>SENDER:</b> <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: <b>THOMPSON, DONALD L.</b> <b>THOMPSON, BETTY</b> <b>P.O. BOX 159</b> <b>ELWOOD, IL 60421</b> <i>Betty Thompson</i>		4a. Article Number <b>Z 313 202 849</b>
5. Received By: (Print Name) 		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
6. Signature (Addressee or Agent) 		7. Date of Delivery <b>1-8-00</b>
8. Addressee's Address (Only if requested and fee is paid)		

PS Form 3811, December 1994      102585-99-B-0223      Domestic Return Receipt

Thank you for using Return Receipt Service.

<b>SENDER:</b> <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: <b>BERNHARD, LEO E.</b> <b>BERNHARD, LOIS I.</b> <b>18530 W. HOFF RD.</b> <b>ELWOOD, IL 60421</b> <i>Leo Bernhard B9</i>		4a. Article Number <b>Z 313 202 796</b>
5. Received By: (Print Name) 		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
6. Signature (Addressee or Agent) 		7. Date of Delivery <b>1-8-00</b>
8. Addressee's Address (Only if requested and fee is paid)		

PS Form 3811, December 1994      102585-99-B-0223      Domestic Return Receipt

Thank you for using Return Receipt Service.

<b>SENDER:</b>		I also wish to receive the following services (for an extra fee):
<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.		<ol style="list-style-type: none"> <li><input type="checkbox"/> Addressee's Address</li> <li><input type="checkbox"/> Restricted Delivery</li> </ol>

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)

102595-98-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

<b>SENDER:</b>		I also wish to receive the following services (for an extra fee):
<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.		<ol style="list-style-type: none"> <li><input type="checkbox"/> Addressee's Address</li> <li><input type="checkbox"/> Restricted Delivery</li> </ol>

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

**1-8-00**

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

102595-98-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

<b>SENDER:</b>		I also wish to receive the following services (for an extra fee):
<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.		<ol style="list-style-type: none"> <li><input type="checkbox"/> Addressee's Address</li> <li><input type="checkbox"/> Restricted Delivery</li> </ol>

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)

102595-98-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

<b>SENDER:</b> <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: <b>ENIX, RAYMOND</b> <b>111 S. STREET</b> <b>ELWOOD, IL 60421</b>		4a. Article Number <b>Z 313 202 834</b>
		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 <b>1-8-00</b>
5. Received By: (Print Name) <i>Ray Enix</i>		8. Addressee's Address (Only if requested and fee is paid)
6. Signature (Addressee or Agent) <i>Ray Enix</i>		

PS Form 3811, December 1994 102585-99-B-0223 Domestic Return Receipt

Fold all lines over to top of envelope

<b>SENDER:</b> <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: <b>MATICHAK, TODD C.</b> <b>P.O. BOX 374</b> <b>ELWOOD, IL 60421</b>		4a. Article Number <b>Z 313 202 839</b>
		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 <b>1-8-00</b>
5. Received By: (Print Name) <i>Todd C. Matichak</i>		8. Addressee's Address (Only if requested and fee is paid)
6. Signature (Addressee or Agent) <i>Todd C. Matichak</i>		

PS Form 3811, December 1994 102585-99-B-0223 Domestic Return Receipt

<b>SENDER:</b> <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: <b>ARCHER, DALE S.</b> <b>ARCHER, FRANCES</b> <b>P.O. BOX 374</b> <b>ELWOOD, IL 60421</b>		4a. Article Number <b>Z 313 202 838</b>
		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 <b>1-8-00</b>
5. Received By: (Print Name) <i>Frances Archer</i>		8. Addressee's Address (Only if requested and fee is paid)
6. Signature (Addressee or Agent) <i>Frances Archer</i>		

PS Form 3811, December 1994 102585-99-B-0223 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

Thank you for using Return Receipt Service.

Thank you for using Return Receipt Service.

<b>SENDER:</b> <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): <input type="checkbox"/> Addressee's Address <input type="checkbox"/> Restricted Delivery
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3. Article Addressed to:

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

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

PS Form 3811, December 1994

4a. Article Number  
Z 313 202 820

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery

18 00

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

P O Box 371  
 ELWOOD IL 60421-0371

102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

<b>SENDER:</b> <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): <input type="checkbox"/> Addressee's Address <input type="checkbox"/> Restricted Delivery
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3. Article Addressed to:

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

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

PS Form 3811, December 1994

4a. Article Number  
Z 313 202 844

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery

18 00

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

Thank you for using Return Receipt Service.

102595-99-B-0223 Domestic Return Receipt

<b>SENDER:</b> <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): <input type="checkbox"/> Addressee's Address <input type="checkbox"/> Restricted Delivery
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3. Article Addressed to:

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

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

PS Form 3811, December 1994

4a. Article Number  
Z 313 202 804

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery

18 00

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

Thank you for using Return Receipt Service.

102595-99-B-0223 Domestic Return Receipt

<b>SENDER:</b>		I also wish to receive the following services (for an extra fee):
<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.		

3. Article Addressed to:	4a. Article Number <b>Z 313 202 814</b>
<b>HARPER, DOROTHY A.</b> <b>HARPER, DANIEL L.</b> <b>101 S. LINCOLN ST.</b> <b>ELWOOD, IL 60421</b>	
5. Received By: (Print Name)	6. Signature (Addressee or Agent)
<i>Dorothy Harper</i> PS Form 3811, December 1994	
7. Date of Delivery <b>1-8-00</b>	
8. Addressee's Address (Only if requested and fee is paid)	

102595-99-B-0223 Domestic Return Receipt

<b>SENDER:</b>		I also wish to receive the following services (for an extra fee):
<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.		

3. Article Addressed to:	4a. Article Number <b>Z 313 202 805</b>
<b>ATTAWAY, GEORGE A.</b> <b>P.O. BOX 194</b> <b>ELWOOD, IL 60421</b>	
5. Received By: (Print Name)	6. Signature (Addressee or Agent)
<i>George A. Attaway</i> PS Form 3811, December 1994	
7. Date of Delivery <b>1-8-00</b>	
8. Addressee's Address (Only if requested and fee is paid)	

102595-99-B-0223 Domestic Return Receipt

<b>SENDER:</b>		I also wish to receive the following services (for an extra fee):
<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.		

3. Article Addressed to:	4a. Article Number <b>Z 313 202 801</b>
<b>GESKE, GEORGIA ANN TRUST</b> <b>P.O. BOX 137</b> <b>ELWOOD, IL 60421</b>	
5. Received By: (Print Name)	6. Signature (Addressee or Agent)
<i>Georgia Ann GESKE</i> PS Form 3811, December 1994	
7. Date of Delivery <b>1-8-00</b>	
8. Addressee's Address (Only if requested and fee is paid)	

102595-99-B-0223 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Services.

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

<b>SENDER:</b>		I also wish to receive the following services (for an extra fee):
<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.		<ol style="list-style-type: none"> <li><input type="checkbox"/> Addressee's Address</li> <li><input type="checkbox"/> Restricted Delivery</li> </ol>

3. Article Addressed to:	4a. Article Number <b>Z 313 202 874</b>
CREEK, SCOTT L.  9775 N. 4500 WEST RD. MANTENO, IL 60950	4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured <input type="checkbox"/> COD
5. Received By: (Print Name) <i>Scott Creek</i>	7. Date of Delivery <b>1-11-00</b>
6. Signature (Addressee or Agent) <i>Scott Creek</i>	8. Addressee's Address (Only if requested and fee is paid) <b>5783 W 9000 N MANTENO IL 60950</b>

PS Form 3811, December 1994 102505-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

<b>SENDER:</b>		I also wish to receive the following services (for an extra fee):
<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.		<ol style="list-style-type: none"> <li><input type="checkbox"/> Addressee's Address</li> <li><input type="checkbox"/> Restricted Delivery</li> </ol>

3. Article Addressed to:	4a. Article Number <b>Z 313 202 855</b>
SNIKERIS, ROLAND E. 114 SOUTH ST. ELWOOD, IL 60421	4b. Service Type <input type="checkbox"/> Registered <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) <i>Device S. Snikeris</i>	7. Date of Delivery <b>1-11-00</b>
6. Signature (Addressee or Agent)	8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 102505-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

<b>SENDER:</b>		I also wish to receive the following services (for an extra fee):
<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.		<ol style="list-style-type: none"> <li><input type="checkbox"/> Addressee's Address</li> <li><input type="checkbox"/> Restricted Delivery</li> </ol>

3. Article Addressed to:	4a. Article Number <b>Z 313 202 866</b>
ELWOOD FIRE PROT. DIST. GILBERT, THOMAS J. 81 N. CHICAGO ST. JOLIET, IL 60432	4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
5. Received By: (Print Name)	7. Date of Delivery <b>1-18-00</b>
6. Signature (Addressee or Agent) <i>Th. J. Gilbert</i>	8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 102505-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

<b>SENDER:</b> <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: <p style="text-align: center;"><b>JACKSON, KEITH 7943 N. 7000 W. MANTENO, IL 60950</b></p>		4a. Article Number <b>Z 313 202 871</b>
5. Received By: (Print Name) <i>Keith Jackson</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
6. Signature (Addressee or Agent) <i>Keith Jackson</i>		7. Date of Delivery <i>1-10-00</i>
8. Addressee's Address (Only if requested and fee is paid)		

PS Form 3811, December 1994      102565-99-B-0223      Domestic Return Receipt

Thank you for using Return Receipt Service.

<b>SENDER:</b> <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: <p style="text-align: center;"><b>GARCIA, LUPE 16235 SPENCER RD. JOLIET, IL 60432</b></p>		4a. Article Number <b>Z 313 202 875</b>
5. Received By: (Print Name) 		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
6. Signature (Addressee or Agent) <i>Lupe Garcia</i>		7. Date of Delivery <i>1-10-00</i>
8. Addressee's Address (Only if requested and fee is paid)		

PS Form 3811, December 1994      102565-99-B-0223      Domestic Return Receipt

Thank you for using Return Receipt Service.

<b>SENDER:</b> <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: <p style="text-align: center;"><b>BOYER, JOHN F. BOYER, HELEN M. 212 W. GARDNER ST. P.O. BOX 6 ELWOOD, IL 60421</b></p>		4a. Article Number <b>Z 313 202 821</b>
5. Received By: (Print Name) 		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
6. Signature (Addressee or Agent) <i>HeLEN m. Boyer</i>		7. Date of Delivery <i>1-11-00</i>
8. Addressee's Address (Only if requested and fee is paid)		

PS Form 3811, December 1994      102565-99-B-0223      Domestic Return Receipt

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3. Article Addressed to: <b>GLENN BROWN FARMS #108</b> <b>24 W. ANDREW RD.</b> <b>P.O. BOX 286</b> <b>SPRINGFIELD, IL 62707</b>		4a. Article Number <b>Z 313 202 876</b>
		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 <i>12-11-94</i>
5. Received By: (Print Name) <i>John Brown</i>		8. Addressee's Address (Only if requested and fee is paid)
6. Signature (Addressee or Agent) <i>John Brown</i>		

PS Form 3811, December 1994      102595-99-B-0223      Domestic Return Receipt

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<b>SENDER:</b> <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: <b>MEDLIN, MICHAEL E.</b> <b>MEDLIN, BRENDA</b> <b>19241 W. GOOWIN RD.</b> <b>WILMINGTON, IL 60481</b>		4a. Article Number <b>Z 313 202 832</b>
		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 <i>1-11-00</i>
5. Received By: (Print Name) <i>Brenda Medlin</i>		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

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<b>SENDER:</b> <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: <b>GLASCOCK, VERNON</b> <b>P.O. BOX 217</b> <b>ELWOOD, IL 60421</b>		4a. Article Number <b>Z 313 202 816</b>
		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 <i>1-11-00</i>
5. Received By: (Print Name) <i>Vernon Glascock</i>		8. Addressee's Address (Only if requested and fee is paid)
6. Signature (Addressee or Agent) <i>Vernon Glascock</i>		

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?

<b>SENDER:</b> <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:  <b>MOBIL JOLIET REFINING PROPERTY TAX DIV. P.O. BOX 290 DALLAS, TX 75221</b>	4a. Article Number <b>Z 313 202 791</b>	
5. Received By: (Print Name)  <i>[Signature]</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	
6. Signature (Addressee or Agent)  <i>[Signature]</i>	7. Date of Delivery <b>JAN 13 2000</b>	
8. Addressee's Address (Only if requested and fee is paid)		

PS Form 3811, December 1994

102595-99-B-0223 Domestic Return Receipt

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Is your RETURN ADDRESS completed on the reverse side?

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3. Article Addressed to:  <b>FAIRFAIR, ROBERT FAIRFAIR, MARIE 109 N. LINCOLN ST. ELWOOD, IL 60421</b>	4a. Article Number <b>Z 313 202 803</b>	
5. Received By: (Print Name)  <i>[Signature]</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	
6. Signature (Addressee or Agent)  <i>[Signature]</i>	7. Date of Delivery <b>1-12-00</b>	
8. Addressee's Address (Only if requested and fee is paid) <b>PO BOX 247 ELWOOD, IL 60421-0247</b>		

PS Form 3811, December 1994

102595-99-B-0223 Domestic Return Receipt

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Is your RETURN ADDRESS completed on the reverse side?

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3. Article Addressed to:  BN&SF RAILROAD JURY CLINGEN, PROPERTY TAX DEPARTMENT P.O. BOX 961089 FT. WORTH, TX 76161	4a. Article Number <b>Z 313 202 882</b>	
5. Received By: (Print Name) <i>EVANS</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	
6. Signature (Addressee or Agent) <i>EVANS</i>	7. Date of Delivery <b>1-14-00</b>	
8. Addressee's Address (Only if requested and fee is paid)		

PS Form 3811, December 1994

102595-99-B-0223 Domestic Return Receipt

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Is your RETURN ADDRESS completed on the reverse side?

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3. Article Addressed to:  HARVEY, JEANNE 109 SOUTH ST. ELWOOD, IL 60421	4a. Article Number <b>Z 313 202 836</b>	
5. Received By: (Print Name) <i>Harvey, Jeanne</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	
6. Signature (Addressee or Agent) <i>Harvey, Jeanne</i>	7. Date of Delivery <b>1-14-00</b>	
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.

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**

*7/2*  
~~WALSH, L.~~  
18801 BROWN RD.  
JOLIET, IL 60435



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

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*

**EVELYN F. LONDON  
ADMINISTRATIVE SPECIALIST**

*/efl*

*Enclosed*

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

January 7, 2000

*Closed*  
12-6-99

**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:

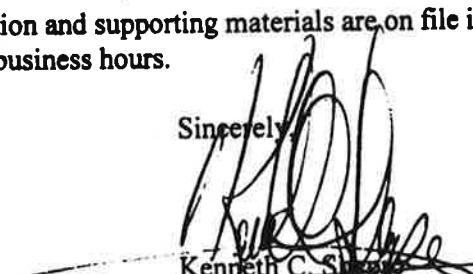
You are hereby notified pursuant to the provisions of the Village of Elwood Zoning Ordinance that the undersigned has, on behalf of CenterPoint Properties Trust, a Maryland Real Estate Investment Trust, filed with the Village of Elwood an application for rezoning of certain property (the "Subject Property") 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

) ss

)

)

)

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 KNOW 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.