

STATE OF ILLINOIS
COUNTY OF LAKE
BEFORE THE LAKE COUNTY BOARD

In Re: THE APPLICATION OF)
GROOT INDUSTRIES, INC., FOR)
SITING APPROVAL OF A NEW)
POLLUTION CONTROL FACILITY)

AFFIDAVIT OF COMPLIANCE WITH 415 ILCS 5/39.2(B)

CHARLES F. HELSTEN, being first duly sworn on oath, deposes and states as follows:

1. I am an attorney licensed to practice in the State of Illinois with my principal office located at 100 Park Avenue, Rockford, Illinois 61105.
2. I am one of the attorneys for Groot Industries, Inc., and it was my responsibility to prepare, publish and serve pre-filing notices as required in 415 ILCS 5/39.2(b).
3. 415 ILCS 5/39.2(b) requires that no later than fourteen (14) days prior to a request for location approval of a pollution control facility, the applicant shall cause written notice of such request to be served either in person or by registered mail, return receipt requested, on the owners of all property within the subject area not wholly owned by the applicant and on the owners of all property within 250 feet in each direction of the lot line of the subject property, said owners being such persons or entities which appear from the authentic tax records of the county in which such facility is to be located, provided, that the number of all feet occupied by all public roads, streets, alleys and other public ways shall be excluded in computing the 250 feet requirement, provided further that in no event shall this requirement exceed 400 feet, including public streets, alleys and other public ways. Section 39.2(b) further provides that such notice shall be served upon members of the General Assembly from the legislative district in which the proposed facility is located and shall be published in a newspaper of general circulation published in the county in which the site is located.

Section 39.2(b) further provides that such notice shall state the name and address of the applicant, the location of the proposed site, the nature and size of the development, the nature of the activity proposed, the probable life of the proposed activity, the date when the request for site approval will be submitted, and a description of the right of persons to comment on such request.

4. The Notice prepared and served in connection with the aforesaid requirement is attached hereto and made a part hereof as Exhibit A. Said Notice conforms to the requirements of Section 39.2(b).
5. I identified the names and addresses of all members of the General Assembly from the legislative district in which the proposed facility is located by using information publicly maintained and available on the Illinois General Assembly internet website (www.ilga.gov).
6. Attorneys supporting me on this project and under my supervision spoke with Sheila Dvorak, Deputy for the Lake County Treasurer's Office. She confirmed on May 24, 2013 that the Treasurer's Office of Lake County maintains the "authentic tax records" for Lake County, and that those records are the basis upon which the real estate tax bills are prepared and sent. She also verified the following: 1) the Treasurer's Office receives its information from deeds recorded by the Lake County Recorder's Office, which are checked by the Lake County Mapping Department of the Recorder's Office and then placed into the computer system so that transfer information is available to the Treasurer's Office for updating its authentic tax record, and 2) if a taxpayer desires to change information concerning the address to which a tax bill is to be sent, the taxpayer must prove their ownership interest of the real property.
7. I caused a copy of the Notice to be published in the Lake County News Sun, a newspaper of general circulation in the county in which the application is pending on May 31, 2013. A

copy of the actual publication and proof of publication is attached hereto and made a part hereof as Exhibit B.

8. On May 7, 2013, I caused a search to be performed by Chicago Title Agency on the authentic computerized tax records of Lake County to ascertain the names and addresses of all owners of property within 400 feet, in every direction of the location of the subject property and reflected on the official tax maps, as most currently revised, excluding all public roads, streets, alleys and other public ways.
9. Attached hereto and made a part hereof as Exhibit C is the full and complete list of all individuals and entities which were sent pre-filing Notice pursuant to 415 ILCS 5/39.2(b). This includes all owners of property and members of the General Assembly who were entitled to Notice.
10. On May 29, 2013, certified mail Notices were sent to all individuals and entities set forth on Exhibit C. Copies of the certified mail receipts for all Notices are attached hereto and made a part hereof as Exhibit D.
11. On May 29, 2013 a Notice was sent to all individuals and entities set forth on Exhibit C by regular mail in addition to the certified noted in item (9) above.
12. On June 6, I caused the authentic computerized tax records of Lake County, to be searched again to verify that no changes or additions have occurred since the May 7, 2013 search. Additionally, on June 6, I caused a search of the last deeds of record on file with the Lake County Recorder of Deeds to check for property ownership changes which may have occurred since May 7, 2013.

13. In accordance 415 ILCS 5/39.2(b), and based upon the further due diligence engaged in as set forth in paragraph 12 above, an additional certified mail Notice was sent on June 6, 2013 to those individuals and business which had not already returned a signed certified receipt based on the address which appeared from the authentic tax records of Lake County and for whom, on further research I was able to identify an additional address. Copies of those certified mail receipts are attached hereto and made a part hereof as Exhibit D-1.

14. The site application herein will be filed on June 21, 2013.

15. All of the foregoing complies fully and completely with the pre-filing notice requirements of 415 ILCS 5/39.2(b).

FURTHER AFFIANT SAYETH NOT.

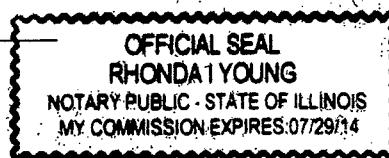


CHARLES F. HELSTEN

SUBSCRIBED and SWORN to
before me this 14th day of June, 2013.



Notary Public



Charles F. Helsten
ARDC No. 6187258
HINSHAW & CULBERTSON LLP
100 Park Avenue
P.O. Box 1389
Rockford, Illinois 61105-1389

EXHIBIT A

NOTICE

See attached.

**NOTICE OF INTENT TO FILE A REQUEST
FOR LOCAL SITING APPROVAL OF A NEW POLLUTION CONTROL FACILITY
WITH THE VILLAGE OF ROUND LAKE PARK, ILLINOIS**

YOU ARE HEREBY NOTIFIED, pursuant to Section 39.2(b) of the Illinois Environmental Protection Act (the "Act"), 415 ILCS 5/39.2(b), that the Applicant, Groot Industries, Inc. ("Groot"), whose address is 2500 Landmeier, Elk Grove Village, Illinois 60007, will file its request for siting approval for a new pollution control facility with the Village of Round Lake Park, Illinois, on June 21, 2013. In its request for siting approval, the Applicant will seek approval to site, permit, construct, develop and operate a transfer station as defined by Section 3.500 of the Illinois Environmental Protection Act (the "Act") (415 ILCS 5/3.500) (the "Groot Transfer Station").

The proposed facility would be a non-hazardous transfer station which will accept non-hazardous waste for temporary storage, consolidation, and further transfer to a waste disposal/treatment facility. The Applicant will develop and operate the transfer station only as approved by the Illinois Environmental Protection Agency, other applicable regulatory agencies, and as authorized by applicable statute and regulation. The waste accepted for transfer will be general municipal waste generated by residential, commercial and industrial sources. The proposed facility has a projected life of a minimum of twenty (20) years.

The legal description of the property on which the proposed Groot Transfer Station is to be located is as follows:

THAT PART OF LOT 5 IN LEO DEMEYER'S FIRST ADDITION TO ROUND LAKE PARK, BEING A SUBDIVISION OF PART OF THE WEST HALF OF THE SOUTHWEST QUARTER OF SECTION 28 AND PART OF THE WEST HALF OF THE NORTHWEST QUARTER OF SECTION 33, TOWNSHIP 45 NORTH, RANGE 10 EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED SEPTEMBER 20, 1957 AS DOCUMENT NO. 965885 IN BOOK 34 OF PLATS ON PAGE 34, BOUNDED BY A LINE DESCRIBED AS FOLLOWS: BEGINNING AT THE SOUTHEAST CORNER OF SAID LOT 5; THENCE SOUTHWESTERLY ALONG THE SOUTHERLY LINE OF SAID LOT 5 ALSO BEING THE NORTHERLY RIGHT OF WAY LINE OF STATE ROUTE NO. 120, A DISTANCE OF 481.52 FEET; THENCE NORTHWESTERLY AT AN ANGLE OF 90 DEGREES 00 MINUTES 00 SECONDS AS MEASURED FROM EAST TO NORTH FROM THE SOUTHERLY

LINEO F SAID LOT 5, ALONG THE EASTERLY RIGHT OF WAY LINE OF PORTER DRIVE, A DISTANCE OF 340.45 FEET, TO A POINT OF CURVATURE, THENCE NORTHERLY ALONG THE EASTERLY RIGHT OF WAY LINE OF SAID PORTER DRIVE, BEING A CURVED LINE, HAVING A RADIUS OF 437.72 FEET, AND BEING CONCAVE NORTHWESTERLY, A DISTANCE OF 15.50 FEET TO A CURVE; THENCE NORTHERLY ALONG THE ARC OF A CURVE TO THE LEFT, HAVING A RADIUS OF 1010.00 FEET, TANGENT TO A LINE FORMING AN ANGLE OF 161 DEGREES 24 MINUTES 10 SECONDS FROM A LINE TANGENT TO THE LAST DESCRIBED CURVE AT THE LAST DESCRIBED POINT (MEASURED CLOCKWISE THEREFROM) FOR A DISTANCE OF 48.13 FEET TO A LINE WHICH IS 772.55 SOUTHERLY OF AND PARALLEL WITH THE NORTH LINE OF SAID LOT 4, THENCE EASTERLY ALONG SAID PARALLEL LINE 563.47 FEET TO THE EAST LINE OF SAID LOT 5, THENCE SOUTHERLY ALONG SAID EAST LINE OF SAID LOT 5 BEING THE EAST LINE OF THE WEST HALF OF THE SOUTHWEST QUARTER OF SAID SECTION 28, A DISTANCE OF 250 FEET TO THE POINT OF BEGINNING, IN LAKE COUNTY, ILLINOIS.

The proposed Groot Transfer Station is to be located at the Northeast corner of the intersection of West Belvidere Road and Porter Drive in the Village of Round Lake Park, Illinois, and will be approximately 3.897 acres in size/area.

YOUR RIGHT TO COMMENT ON THE REQUEST

On June 21, 2013, the Applicant will file with the Village of Round Lake Park, Illinois, its Request for Siting Approval (“Request”) in both electronic and paper format. The Request will include the substance of the Applicant’s proposal and supporting documents.

The Request filed by the Applicant with the Village of Round Lake Park will be available for inspection in the Round Lake Park Clerk’s Office located at The Round Lake Park Village Hall, 203 E. Lake Shore Drive, Round Lake Park, Illinois, during normal business hours daily, not including weekends or holidays. Copies of the Request, or any part thereof will be available upon payment of the actual cost of reproduction

The Village of Round Lake Park must hold at least one public hearing no sooner than 90 days, but no later than 120 days from its receipt of the Request for Siting Approval. Notice by publication of such hearing will be provided. You may appear at the hearing and may participate in the proceedings, provided you register with the Round Lake Park Village Clerk as a party to the

proceeding prior to the commencement of the hearing in the manner set forth in the Village of Round Lake Park Siting Ordinance. Any person may also file written comments with the Village Clerk or make oral public comment at the public hearing concerning the appropriateness of the proposed site for its intended purpose in the manner set forth at Section 39.2 of the Illinois Environmental Protection Act (415 ILCS 5/39.2) and the Village of Round Lake Park Siting Ordinance. The Round Lake Park Village Board of Trustees shall consider any comment received or postmarked from the date of acceptance of the application through and until thirty (30) days after the date of the last public hearing. Said written comments shall be mailed or delivered to the Round Lake Park Village Clerk at the Round Lake Park Village Hall at the address noted above. For further information concerning the hearing procedures and your right to participate and/or comment, please consult the Act (415 ILCS 5/39.2) and the Village of Round Lake Park Siting Ordinance.

Respectfully submitted,

GROOT INDUSTRIES, INC.

By _____
Name: Charles F. Helsten
Its: Attorney

Charles F. Helsten
HINSHAW & CULBERTSON LLP
100 Park Avenue
P.O. Box 1389
Rockford, IL 61105-1389
(815) 490-4906

EXHIBIT B
PROOF OF PUBLICATION

See attached.

HINSHAW & CULBERTSON LLP
NOTICE OF INTENT TO FILE A REQUEST FOR LOCAL SITING

ADORDERNUMBER: 0000575882-01
PO NUMBER: Matter 0888527. Ad Order
AMOUNT: \$200.80

NO OF AFFIDAVITS: 1

**Sun Times Media
Lake County News Sun
Certificate of Publication**

State of Illinois - County of Lake

Lake County News Sun, does hereby certify it has published the attached advertisements in the following secular newspapers. All newspapers meet Illinois Compiled Statute requirements for publication of Notices per Chapter 715 ILCS 5/0.01 et seq. R.S. 1874, P728 Sec 1, EFF. July 1, 1874. Amended by Laws 1959, P1494, EFF. July 17, 1959. Formerly Ill. Rev. Stat. 1991, CH100, Pl.
Note: Notice appeared in the following checked positions.

PUBLICATION DATE(S): 05/31/2013

Lake County News-Sun

IN WITNESS WHEREOF, the undersigned, being duly authorized, has caused this Certificate to be signed and notarized

By



David Fontechia
Account Manager - Public Legal Notices

Subscribed and sworn to before me this 31st Day of May 2013 A.D.

HINSHAW & CULBERTSON LLP
222 N LA SALLE ST STE 300
CHICAGO, IL 60601-1081

EXHIBIT B

**NOTICE OF INTENT TO FILE A REQUEST
FOR LOCAL SITING APPROVAL OF A NEW POLLUTION CONTROL FACILITY
WITH THE VILLAGE OF ROUND LAKE PARK, ILLINOIS**

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Respectfully submitted,

GROOT INDUSTRIES, INC.

Charles F. Helsten
Attorney
HINSHAW & CULBERTSON LLP
100 Park Avenue
P.O. Box 1389
Rockford, IL 61105-1389
(815) 490-4906
575882

Published 5/31/2013

EXHIBIT C
NOTICE LIST

Representative Sam Yingling
20 W. North Street
Hainesville, IL 60030

Representative Sam Yingling
258-W Stratton Office Building
Springfield, IL 62706

Senator Richard J. Durbin
Kluczynski Federal Building
230 South Dearborn Street
#3892
Chicago, IL 60604

Senator Mark Kirk
Kluczynski Federal Building
230 South Dearborn Street
#3900
Chicago, IL 60604

Senator Melinda Willen Bush
34121 US HWY 45
Suite 224
Grayslake, IL 60030

Senator Melinda Willen Bush
M122 State Capitol Building
Springfield, IL 62706

Congressman Brad Schneider
111 Barclay Boulevard
Suite 200
Lincolnshire, IL 60069

Congressman Brad Schneider
317 Cannon House Office Building
Washington, DC 20515

Illinois Department of Transportation
District 1
201 West Center Court
Schaumburg, IL 60196-1096

Groot Industries, Inc.
2500 Landmeier
Elk Grove Village, IL 60007
06-28-307-027

Grayslake Gelatin Co.
P.O. Box 248
Grayslake, IL 60030-0248
06-28-300-029

Groot Industries, Inc.
2500 Landmeier
Elk Grove Village, IL 60007
06-28-307-033

Mark Ferdinand, Trustee
705 11th St., Apt. 403
Wilmette, IL 60091-2692
06-28-307-043

MRF Properties LLC
705 11th St., Apt. 403
Wilmette, IL 60091-2692
06-28-307-043

Grayslake Gelatin Co.
P.O. Box 248
Grayslake, IL 60030-0248
06-33-100-005

Grayslake Gelatin Co.
P.O. Box 248
Grayslake, IL 60030-0248
06-28-300-012

Gypsum Supply Co.
195 Porter Drive
Round Lake Park, IL 60073-3634
06-28-307-007

GSC Cedar Rapids, LLC
1125 Harrison Avenue
Rockford, IL 61104
06-28-307-007

GSC Cedar Rapids, LLC
195 Porter Drive
Round Lake Park, IL 60073-3634
06-28-307-007

Groot Industries, Inc.
2500 Landmeier
Elk Grove Village, IL 60007
06-28-307-034

Mark Ferdinand, Manager
705 11th St., Apt. 403
Wilmette, IL 60091-2692
06-28-307-044

MRF Properties LLC
705 11th St., Apt. 403
Wilmette, IL 60091-2692
06-28-307-044

Grayslake Gelatin Co.
P.O. Box 248
Grayslake, IL 60030-0248
06-33-100-006

Grayslake Gelatin Co.
P.O. Box 248
Grayslake, IL 60030-0248
06-28-300-013

Village of Round Lake Park
203 E. Lake Shore Drive
Round Lake Park, IL 60073
06-28-307-024

Groot Industries, Inc.
2500 Landmeier
Elk Grove Village, IL 60007
06-28-307-041

Walmark Corp.
101 W. Belvidere Road
Round Lake Park, IL 60073-3638
06-33-100-002

First National Bank & Trust Co. of Barrington
Trust No. 11-3560
104 S. Cook St.
Barrington, IL 60010
06-33-100-002

MWC Enterprises LLC
P.O. Box 231
Grayslake, IL 60030-0231
06-33-100-009

NorStates Bank
PO Box 39
Waukegan, IL 60079-0039
06-33-100-009

SUPPLEMENTAL ADDRESSES PER EXHIBIT D-1

Mark Ferdinand, Trustee
2319 Thompson Road
Bull Valley, IL 60097
06-28-307-043

MRF Properties LLC
2319 Thompson Road
Bull Valley, IL 60097
06-28-307-043

Mark Ferdinand, Manager
2319 Thompson Road
Bull Valley, IL 60097
06-28-307-044

MRF Properties LLC
2319 Thompson Road
Bull Valley, IL 60097
06-28-307-044

EXHIBIT D

CERTIFIED MAIL RECEIPTS

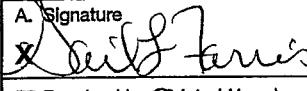
See attached.

SENDER: COMPLETE THIS SECTION

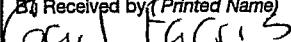
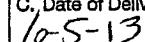
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

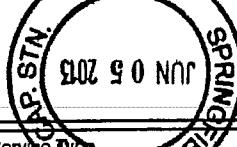
Representative Sam Yingling
258-W Stratton Office Building
Springfield, IL 62706

COMPLETE THIS SECTION ON DELIVERY**A. Signature**


Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

If YES, enter delivery address below:


3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number

(Transfer from service label)

7011 0470 0001 3244 4376

PS Form 3811, February 2004

Domestic Return Receipt

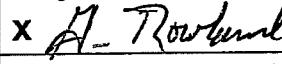
102595-02-M-1540

SENDER: COMPLETE THIS SECTION

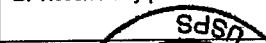
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Senator Melinda Willen Bush
M122 State Capitol Building
Springfield, IL 62706

COMPLETE THIS SECTION ON DELIVERY**A. Signature**


Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

If YES, enter delivery address below:


3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number

(Transfer from service label)

7011 0470 0001 3244 4413

PS Form 3811, February 2004

Domestic Return Receipt

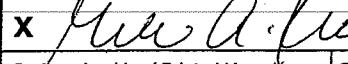
102595-02-M-1540

SENDER: COMPLETE THIS SECTION

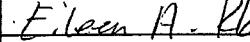
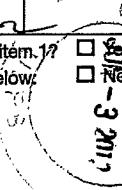
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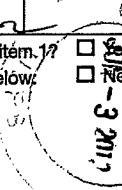
Grayslake Gelatin Co.
P.O. Box 248
Grayslake, IL 60030-0248

COMPLETE THIS SECTION ON DELIVERY**A. Signature**


Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

If YES, enter delivery address below:


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4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number

(Transfer from service label)

7011 0470 0001 3244 5212

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

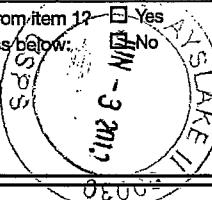
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P.O. Box 248
Grayslake, IL 60030-0248

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Agent
 Addressee

B. Received by (Printed Name)
C. Date of Delivery**D. Is delivery address different from item 1?**

If YES, enter delivery address below:

Yes
 No

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number

(Transfer from service label)

7011 0470 0001 3244 5175

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

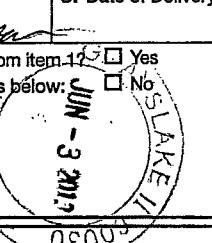
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Grayslake Gelatin Co.
P.O. Box 248
Grayslake, IL 60030-0248

COMPLETE THIS SECTION ON DELIVERY**A. Signature**

Agent
 Addressee

B. Received by (Printed Name)
C. Date of Delivery**D. Is delivery address different from item 1?**

If YES, enter delivery address below:

Yes
 No

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number

(Transfer from service label)

7011 0470 0001 3244 5229

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

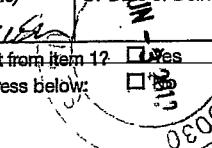
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Grayslake Gelatin Co.
P.O. Box 248
Grayslake, IL 60030-0248

COMPLETE THIS SECTION ON DELIVERY**A. Signature**

Agent
 Addressee

B. Received by (Printed Name)
C. Date of Delivery**D. Is delivery address different from item 1?**

If YES, enter delivery address below:

Yes
 No

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number

(Transfer from service label)

7011 0470 0001 3244 5281

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Grayslake Gelatin Co.
P.O. Box 248
Grayslake, IL 60030-0248

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Eileen A. Hansen*

Agent
 Addressee

B. Received by (Printed Name)

Eileen A. Hansen

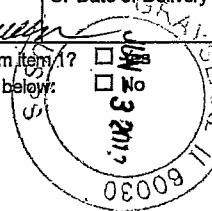
C. Date of Delivery

5-13-04

D. Is delivery address different from item 1?

Yes
 No

If YES, enter delivery address below:



3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

2. Article Number

(Transfer from service label)

7011 0470 0001 3244 5298

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Congressman Brad Schneider
111 Barclay Boulevard
Suite 200
Lincolnshire, IL 60069

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *John G. Faso*

Agent
 Addressee

B. Received by (Printed Name)

John G. Faso

C. Date of Delivery

5-13-04

D. Is delivery address different from item 1?

Yes
 No

If YES, enter delivery address below:

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

2. Article Number

(Transfer from service label)

7011 0470 0001 3244 4420

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Gypsum Supply Co.
195 Porter Drive
Round Lake Park, IL 60073-3634

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Pat Saylor*

Agent
 Addressee

B. Received by (Printed Name)

Pat Saylor

C. Date of Delivery

5-13-04

D. Is delivery address different from item 1?

Yes
 No

If YES, enter delivery address below:

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

2. Article Number

(Transfer from service label)

7011 0470 0001 3244 5236

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

GSC Cedar Rapids, LLC
1125 Harrison Avenue
Rockford, IL 61104

COMPLETE THIS SECTION ON DELIVERY

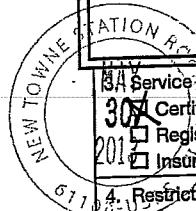
A. Signature

X DALE MCCOY
 Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

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



SA Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

(Transfer from service label)

7011 0470 0001 3244 5243

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

GSC Cedar Rapids, LLC
195 Porter Drive
Round Lake Park, IL 60073-3634
06-28-307-007

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Pat Sawyer*
 Agent
 Addressee

B. Received by (Printed Name)

Pat Sawyer

C. Date of Delivery

5-30-03

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

2. Article Number

(Transfer from service label)

7012 1010 0000 9479 7372

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Senator Melinda Willen Bush
34121 US HWY 45
Suite 224
Grayslake, IL 60030

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Giovanni Gori*
 Agent
 Addressee

B. Received by (Printed Name)

Giovanni Gori

C. Date of Delivery

5-30-03

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

2. Article Number

(Transfer from service label)

7011 0470 0001 3244 4406

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

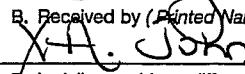
Senator Richard J. Durbin
 Kluczynski Federal Building
 230 South Dearborn Street
 #3892
 Chicago, IL 60604

COMPLETE THIS SECTION ON DELIVERY

A. Signature

 Agent
 Addressee

B. Received by (Printed Name)

 Date of Delivery
 5-30-13

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

2. Article Number

(Transfer from service label)

7011 0470 0001 3244 4383

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Senator Mark Kirk
 Kluczynski Federal Building
 230 South Dearborn Street
 #3900
 Chicago, IL 60604

COMPLETE THIS SECTION ON DELIVERY

A. Signature

 Agent
 Addressee

B. Received by (Printed Name)

 Date of Delivery
 5-30-13

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

2. Article Number

(Transfer from service label)

7011 0470 0001 3244 4390

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

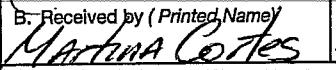
Representative Sam Yingling
 20 W. North Street
 Hainesville, IL 60030

COMPLETE THIS SECTION ON DELIVERY

A. Signature

 Agent
 Addressee

B. Received by (Printed Name)

 Date of Delivery
 5-30-13

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

2. Article Number

(Transfer from service label)

7011 2970 0002 9540 3837

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Illinois Department of Transportation
District 1
201 West Center Court
Schaumburg, IL 60196-1096

2. Article Number*(Transfer from service label)*

7011 0470 0001 3244 4444

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Groot Industries, Inc.
2500 Landmeier
Elk Grove Village, IL 60007

2. Article Number*(Transfer from service label)*

7011 0470 0001 3244 4451

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Groot Industries, Inc.
2500 Landmeier
Elk Grove Village, IL 60007

2. Article Number*(Transfer from service label)*

7011 0470 0001 3244 5182

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY**A. Signature***X John Robowicz*

Agent
 Addressee

B. Received by (Printed Name)*John Robowicz***C. Date of Delivery**

5/31/2013

D. Is delivery address different from item 1?

Yes
 No

*If YES, enter delivery address below:**MAY 31 2013***3. Service Type**

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes**COMPLETE THIS SECTION ON DELIVERY****A. Signature***X Abram Robowicz*

Agent
 Addressee

B. Received by (Printed Name)*Abram Robowicz***C. Date of Delivery**

5/31/13

D. Is delivery address different from item 1?

Yes
 No

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes**COMPLETE THIS SECTION ON DELIVERY****A. Signature***X Abram Robowicz*

Agent
 Addressee

B. Received by (Printed Name)*Abram Robowicz***C. Date of Delivery**

5/31/13

D. Is delivery address different from item 1?

Yes
 No

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Groot Industries, Inc.
2500 Landmeier
Elk Grove Village, IL 60007

COMPLETE THIS SECTION ON DELIVERY

A. Signature

John R. Groot Agent
 Addressee

B. Received by (Printed Name)

John R. Groot C. Date of Delivery

D. Is delivery address different from item 1?

Yes
If YES, enter delivery address below: No

2. Article Number

(Transfer from service label)

7011 0470 0001 3244 5250

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Groot Industries, Inc.
2500 Landmeier
Elk Grove Village, IL 60007

COMPLETE THIS SECTION ON DELIVERY

A. Signature

John R. Groot Agent
 Addressee

B. Received by (Printed Name)

John R. Groot C. Date of Delivery

D. Is delivery address different from item 1?

Yes
If YES, enter delivery address below: No

2. Article Number

(Transfer from service label)

7011 0470 0001 3244 5311

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

NorStates Bank
PO Box 39
Waukegan, IL 60079-0039

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Robert Nyce Agent
 Addressee

B. Received by (Printed Name)

Robert Nyce C. Date of Delivery

D. Is delivery address different from item 1?

Yes
If YES, enter delivery address below: No

2. Article Number

(Transfer from service label)

7011 2970 0002 9540 3813

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Village of Round Lake Park
203 E. Lake Shore Drive
Round Lake Park, IL 60073

2. Article Number

(Transfer from service label)

7011 0470 0001 3244 5304

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Alice Temple

 Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Walmark Corp.
101 W. Belvidere Road
Round Lake Park, IL 60073-3638

2. Article Number

(Transfer from service label)

7011 0470 0001 3244 5328

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Jim

 Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com ®	
OFFICIAL USE	
Postage	\$
Certified Fee	\$
Return Receipt Fee (Endorsement Required)	\$
Restricted Delivery Fee (Endorsement Required)	\$
Total Postage & Fees	\$
Sent To: Trust No. 11-3560 First National Bank & Trust Co. of Street, Apt. No.; Barrington or PO Box No. 104 S. Cook St. City, State, ZIP+4 Barrington, IL 60010	

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Congressman Brad Schneider
317 Cannon House Office Building
Washington, DC 20515

2. Article Number

(Transfer from service label)

7011 0470 0001 3244 4437

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MWC Enterprises LLC
P.O. Box 231
Grayslake, IL 60030-0231

2. Article Number

(Transfer from service label)

7011 2970 0002 9540 3806

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

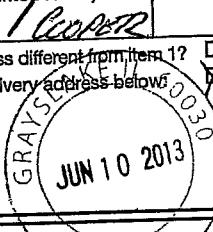
COMPLETE THIS SECTION ON DELIVERY

A. Signature

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Postmark
Here

Sent To Mark Ferdinand, Trustee
 705 11th St., Apt. 403
Street, Apt. No.;
or PO Box No. Wilmette, IL 60091-2692
City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Postmark
Here

Sent To MRF Properties LLC
 705 11th St., Apt. 403
Street, Apt. No.;
or PO Box No. Wilmette, IL 60091-2692
City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Postmark
Here

Sent To Mark Ferdinand, Manager
 705 11th St., Apt. 403
Street, Apt. No.;
or PO Box No. Wilmette, IL 60091-2692
City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Postmark
Here

Sent To MRF Properties LLC
 705 11th St., Apt. 403
Street, Apt. No.;
or PO Box No. Wilmette, IL 60091-2692
City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

EXHIBIT D-1
CERTIFIED MAIL RECEIPTS

See attached.

EXHIBIT D-1
CERTIFIED MAIL RECEIPTS

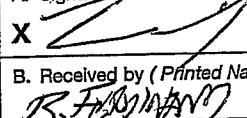
See attached.

SENDER: COMPLETE THIS SECTION

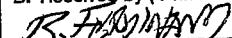
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MRF Properties LLC
2319 Thompson Road
Bull Valley, IL 60097

COMPLETE THIS SECTION ON DELIVERY**A. Signature**


Agent
 Addressee

B. Received by (Printed Name)


C. Date of Delivery
6-10-13

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

**3. Service Type**

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes**2. Article Number**

(Transfer from service label)

7012 3460 0000 0824 1491

PS Form 3811, February 2004

Domestic Return Receipt

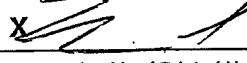
102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mark Ferdinand, Trustee
2319 Thompson Road
Bull Valley, IL 60097

COMPLETE THIS SECTION ON DELIVERY**A. Signature**


Agent
 Addressee

B. Received by (Printed Name)


C. Date of Delivery
6-10-13

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

**3. Service Type**

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes**2. Article Number**

(Transfer from service label)

7012 3460 0000 0824 1538

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MRF Properties LLC
2319 Thompson Road
Bull Valley, IL 60097

COMPLETE THIS SECTION ON DELIVERY**A. Signature**


Agent
 Addressee

B. Received by (Printed Name)


C. Date of Delivery
6-10-13

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

**3. Service Type**

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes**2. Article Number**

(Transfer from service label)

7012 3460 0000 0824 1514

PS Form 3811, February 2004

Domestic Return Receipt

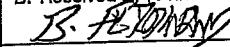
102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressee:

MARK FERDINAND
747 ASH ST
WINNETKA IL 60093-2503

COMPLETE THIS SECTION ON DELIVERY**A. Signature** Agent
 Addressee**B. Received by (Printed Name)****C. Date of Delivery**
6-10-13**D. Is delivery address different from item 1?** Yes
 No
If YES, enter delivery address below:**3. Service Type**

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes**2. Article Number***(Transfer from service label)***7012 3460 0000 0824 1507**

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540