

Sent To Street, Apl. Willie, P. Burrell or PO Box 300 N. Indiana Avenue City, State Kankakee, IL 60901,

SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY Comit items 1, 2, and 3. Also complete A. Received by B. Date of Deliver Item 4/If Restricted Delivery is desired. 64 Print your name and address on the reverse C. SIL so that we can return the card to you. Attach this card to the back of the maliplece, X or on the front if space permits. D. Is delivery address different from tem Yes 1. Article Addressed to: D No If YES, enter delivery address below: The Willie P. Burrell Trust TSCA-05-2006-0012 300 North Indian Are Kankaker IL 60901 3. Service Type Certified Mail Express Mall Registered Return Receipt for Merchandise C.O.D. Insured Mail 1 182, 2006 4 Restricted Delivery? (Extra Fee) stance Yes 2. Article Numb 7001 0320 0005 8933 2010 (Transfer from service label) PS Form 3811, March 2001 **Domestic Return Receipt** 102595-01-M-1424 First-Class Mail UNITED STATES POSTAL SERVICE Postage & Fres Paid Permit No. G-10 • Sender: Please print your name, address; and ZIP94 in this box • Sonja Brooks-Woodand E13-J V.S. EVA Register 15 9 Chicap Mc 60607-3590 . Eveline **U.S. Postal Service** -101

	(Domestic Mail Only; No Insurance Coverage Provided)	
0105	Sonja Brooks-Woodant E-13.5	
8933	Certified Fee 2.40	
2000	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	
0320	Total Postage & Fees \$ 680 Sent 79. Willie P. Burrell Trust	S
0 1002	In The aver hel	0

0, January 200

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. A. Received by (Please Print Clearly) Willie Ari Print your name and address on the reverse C. Signature so that we can return the card to you. Attach this card to the back of the malipiece, Xa ul or on the front if space permits. Addres D. Is delivery address different from Item 1? **Yes** 1. Article Addressed to: If YES, enter delivery address below: D No Dudley B. Burrell TSCA-05-2006-0012 300 Noth Indiana Avanue Kankakee, IL 60901 Service Type Gertified Mail Express Mail Return Receipt for Merchandise Reciptored-D Insured Mali C.O.D. 8,2006 4. Restricted Delivery? (Extra Fee) C Yes 2. Article Number 0320 0005 6933 2041 2001 (Transfer from service label) PS Form 3811, March 2001 **Domestic Return Receipt** 102595-01-M-1424 UNITED STATES POSTAL SERVICE **First-Class Mail** Postage & Fees Paid US7S Permit No. G-10 • Sender: Please print your name, address, and ZIP+4 in this box • Sonja Brooks WoodardgE13J Or: 10 81 MrdgE13J US EPA Region S 77 W. Jacthour Housse Chicago IL 60604-3590 հեռքիսոնեներություններինումնուներինուներ 5. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) 2047 100 MI - Wo oct and E-13 J Sohla m Postage m 8 **Certified Fee** Return Receipt Fee (Endorsement Required) ыŋ **Restricted Delivery Fee** (Endorsement Required) 202 \$ 6 8 0 400 Total Postage & Fees B Sent To Street, Ac Dudley B. Burrell 100 or PO Boy 300 North Indiana Avenue City, State Kankakee, IL 60901 5 ------

SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY BOD A A Gellery Received by (Please Print Clearly) Complete items 1, 2, and 3. Also complete. Item 4 if Restricted Delivery is desired. ARell Print your name and address on the reverse C. Signature so that we can return the card to you. Agent Attach this card to the back of the mailplece, X Addressee or on the front if space permits. Yes D. is delivery address different from item The Dudley B. Burrell Thist 300 N. Indiana Am Kankaker, IMinois July 18,2006 60901 1. Article Addressed to: If YES, enter delivery address below: D No TSCA-05-2006-0012 3. Service Type Certified Mall Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. Tuly 18,2006 4. Restricted Delivery? (Extra Fee) **Yes** 2. Article Number 7001 0320 0005 8933 2027 (Transfer from service label) PS Form 3811, March 2001 **Domestic Return Receipt** 102595-01-M-1424 UNITED STATES POSTAL SERVICE First-Class Mail Postage & Fees Pald USPS Permit No. G-10 Sender: Please print your name, address, and ZIP+4 in this box REGSONJEL Brooks-Woodard E-13J 6 JE-18 FPH: 40 Region 5 Chicago JL 60604-3590 FROTEC REGION ELECTIV . **U.S. Postal Service** SERTIFIED MAIL RECEIPT (Domestic Mail Only; No Incurance Coverage Provided) ISCA-05-2006-0012 n 2 Sona Brook E13J oday Postage m Ē 40 **Certified Fee** 3 48 Return Receipt Fee (Endorsement Required) ப Restricted Delivery Fee (Endorsement Required) Ò 400 2 Total Postage & Fees \$ 8 Sent To Serie I And Dusity Street, Apt. No.; PO Box No. 300 Dudley B. Burrell 7001 N- Indi City, State, ZIP+4 Kankakee D 60201