

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

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

SAO CIVIL RIGHTS DIVISION

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 5.11

Postmark: KANKAKEE, ILL. JUN 20 2002

To: John & Ella Hall
 2066 E. 217th Street
 South Village, IL 60411-2165

PS Form 3811, August 2001 Domestic Return Receipt 120595-02-W-1045

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:
 John & Ella Hall
 2066 E. 217th Street
 South Village, IL 60411-2165

2. Article Number
 (Transfer from service label) 7002 2410 0000 1970 3377

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee
 X John R. Hall

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

4. Restricted Delivery? (Extra Fee) Yes

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 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 5.34

Postmark: SOUTH HOLLAND, ILL. JUN 20 2002

To: South Holland Bank, Trust 10897
 16178 S. Park Ave.
 South Holland, IL 60473

PS Form 3811, August 2001 Domestic Return Receipt 120595-02-W-1045

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:
 South Holland Bank & Savings
 Trust 10897
 16178 S. Park Avenue
 South Holland, IL 60473

2. Article Number
 (Transfer from service label) 7002 2410 0000 1970 7361

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee
 X Andrew Kowalew

B. Received by (Printed Name)
 C. Date of Delivery
 6-30

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

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, August 2001 Domestic Return Receipt 120595-02-W-1045

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Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 5.80

Postmark: CHICAGO, ILL. JUN 20 2002

To: Dr. Patricia Cheryl Beard
 Dorothy Beard, Clerk
 James B. Thompson Center
 100 W. Randolph St.
 Suite 11-500
 Chicago, IL 60601

PS Form 3811, August 2001 Domestic Return Receipt 120595-02-W-1045

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:
 Dr. Patricia Cheryl Beard
 Dorothy Beard, Clerk
 James B. Thompson Center
 100 W. Randolph St.
 Suite 11-500
 Chicago, IL 60601

2. Article Number
 (Transfer from service label) 7002 2410 0000 1970 3054

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee
 X Patricia M. Beard

B. Received by (Printed Name)
 C. Date of Delivery
 6/27/02

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

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, August 2001 Domestic Return Receipt 120595-02-W-1045