

PROPOSING THE ESTABLISHMENT OF AN ACTIVE SPECIAL SERVICE AREA NUMBER 29 FOR MARKET SQUARE SHOPPING CENTER IN THE CITY OF DEKALB, ILLINOIS, AND PROVIDING FOR A PUBLIC HEARING AND OTHER PROCEEDINGS IN CONNECTION THEREWITH.

WHEREAS, the City of DeKalb is a home rule municipality within Article VII, Section 6A of the Illinois Constitution and, pursuant to the powers granted to it under 65 ILCS 5/1-1 *et seq.*; and

WHEREAS, pursuant to the provisions of the 1970 Constitution of the State of Illinois (the "Constitution"), the City of DeKalb, DeKalb County, Illinois (the "City"), is authorized to create Special Service Areas in and for the City; and

NOW, THEREFORE, BE IT ORDAINED by the Mayor and City Council of the City of DeKalb, DeKalb County, Illinois, as follows:

SECTION 1: The City of DeKalb has the authority pursuant to Article VII, Section 6(l) of the Illinois Constitution of 1970 to provide special services to contiguous areas within its corporate limits and to provide the manner of levying and imposing additional taxes upon such areas to pay the cost of such special services in accordance with the provisions of the Special Service Area Tax Law, 35 ILCS 200/27-5, *et seq.* (the "Special Service Area Tax Law").

SECTION 2: The corporate authorities of the City of DeKalb find as follows:

- a) That it is in the public interest, and in the interest of the area legally described in Section 5 hereof, that the establishment of said area as a special service area for the purposes set forth herein should be considered under the provisions of the Special Service Area Tax Law;
- b) That said area is compact, contiguous and within the corporate limits of the City of DeKalb;
- c) That said area will receive a special benefit from the special municipal services to be provided as described herein;
- d) That the proposed special municipal services are unique and in addition to the municipal services provided throughout the City of DeKalb as a whole; and
- e) That it is in the best interests of the City of DeKalb and of said area to consider the levy of special taxes against said area for the provision of said special municipal services as described herein.

SECTION 3: That a public hearing shall be held on the 24th day of February 2020 at 6:00 p.m. at the City of DeKalb City Hall, 200 S. 4th Street, DeKalb, Illinois, to consider the creation of City of DeKalb Special Service Area Number 29 as described in the notice set forth in Section 4 hereof.

The purpose of the formation of City of DeKalb Special Service Area Number 29 is to provide for funds to pay the cost and expense of providing the repair, replacement, repaving, reconstruction, and maintenance of the common area private streets and roadways serving the properties within the proposed Special Service Area Number 29, including the repair and replacement of storm water sewer and sanitary facilities which provide drainage for such paved areas and all engineering consulting fees, construction supervision and inspection costs, temporary easement acquisition costs, insurance costs, and attorney's fees incurred in connection with the provision of such special services.

A special tax will be considered at the public hearing which is proposed to be levied at a maximum rate not to exceed two percent (2%) of equalized assessed value, upon all taxable property within the special service area, said tax to be in addition to all other taxes provided by law.

An initial tax levy in amount of One Hundred Seventy-Five Thousand and 00/100 Dollars (\$175,000.00) is proposed to be levied within the special service area for the initial year for which such special service area taxes will be levied.

SECTION 4: Notice of said public hearing shall be published at least once, not less than fifteen (15) days prior to the public hearing in one or more newspapers of general circulation in the City of DeKalb. In addition, notice by mailing shall be given by depositing said notice, postage prepaid, in the U.S. Mails, addressed to the person or persons in whose name the general taxes for the last preceding year were paid on each lot, block, tract, or parcel of land lying within the proposed special service area. Said notice shall be mailed not less than ten (10) days prior to the date set for the public hearing. In the event taxes for the last preceding year were not paid, the notice shall be sent to the person listed on the tax rolls prior to that year as the owner of the property. Said notice shall be in substantially the following form:

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**NOTICE OF HEARING
CITY OF DEKALB, DEKALB COUNTY, ILLINOIS
SPECIAL SERVICE AREA NO. 29
MARKET SQUARE**

NOTICE is hereby given that on the 24th day of February, 2020 at 6:00 p.m., at the City of DeKalb City Hall, 200 S. Fourth Street, DeKalb, Illinois, a hearing will be held by the Mayor and City Council of the City of DeKalb to consider formation of a special service area to be called City of DeKalb Special Service Area Number 29 (SSA 29) consisting of the territory described on Exhibit A attached hereto and made a part hereof by reference.

An accurate map of said territory is on file in the office of the City Manager, available for public inspection, and depicted on Exhibit A attached hereto and made a part hereof by reference.

The purpose of the formation of City of DeKalb Special Service Area Number 29 is to provide special municipal services to the territory proposed for establishment as SSA 29 consisting of the necessary cost and expense of providing the providing the repair, replacement, repaving, reconstruction, and maintenance of the common area private streets, roadways, and parking lot areas serving the properties within the proposed Special Service Area Number 29, including the repair and replacement of storm water sewer and sanitary facilities which provide drainage for such paved areas and all engineering consulting fees, construction supervision and inspection costs, temporary easement acquisition costs, insurance costs, and attorney's fees incurred in connection with the provision of such special services.

A special tax will also be considered at the public hearing which special tax is proposed to be levied at a maximum rate not to exceed two percent (2%) of equalized assessed value upon all taxable property within the special service area.

It is proposed that that an initial annual tax levy in amount of \$175,000.00 will be levied within the special service area for the initial year for which such special service area taxes will be levied.

All interested persons affected by the formation of City of DeKalb Special Service Area Number 29, including all persons owning taxable real property located within SSA 29, will be given an opportunity to be heard regarding the formation and boundaries of the special service area, and the taxes to be levied, and may object to the formation of the area, its boundaries, the taxes to be levied, and any other issues embodied in this notice.

The hearing may be adjourned by the City Council to another date without further notice other than a motion to be entered upon the minutes of its meeting fixing the time and place of its adjournment.

If a petition is filed with the City Manager's Office within sixty (60) days following the final adjournment of the public hearing, signed by at least fifty-one percent (51%) of the electors residing within the special service area and by at least fifty-one percent (51%) of the owners of record of land included within the boundaries of the special service area, objecting to the creation of the Special Service Area Number 29 or the levy or imposition of a special tax for the provision of special services to the area, no such special service area may be created or tax be levied or imposed.

DATED this ____ day of _____, 2020.

Signature: _____

SECTION 5: The territory proposed for establishment as City of DeKalb Special Service Area Number 29 is legally described on Exhibit A attached to this ordinance.

SECTION 6: This ordinance and each of its terms shall be the effective legislative act of a home rule municipality without regard to whether such ordinance should (a) contain terms contrary to the provisions of current or subsequent non-preemptive state law, or (b) legislate in a manner or regarding a matter not delegated to municipalities by state law. It is the intent of the corporate authorities of the City of DeKalb that to the extent that the terms of this ordinance should be inconsistent with any non-preemptive state law, that this ordinance shall supersede state law in that regard within its jurisdiction.

SECTION 7: This ordinance shall be in full force and effect upon its passage and approval and shall subsequently be published in pamphlet form as provided by law.

ADOPTED BY THE CITY COUNCIL of the City of DeKalb, Illinois at a Regular meeting thereof held on the 27th day of January 2020 and approved by me as Mayor on the same day. Passed on First Reading by an 8-0 roll call vote. Aye: Morris, Finucane, Smith, Perkins, McAdams, Verbic, Faivre, Mayor Smith. Nay: None. Second Reading waived by an 8-0 roll call vote. Aye: Morris, Finucane, Smith, Perkins, McAdams, Verbic, Faivre, Mayor Smith. Nay: None.

ATTEST:



RUTH A. SCOTT, Executive Assistant



JERRY SMITH, Mayor



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SPECIAL SERVICE AREA NO. 29
MARKET SQUARE**

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An accurate map of said territory is on file in the office of the City Manager, available for public inspection, and depicted on Exhibit A attached hereto and made a part hereof by reference.

The purpose of the formation of City of DeKalb Special Service Area Number 29 is to provide special municipal services to the territory proposed for establishment as SSA 29 consisting of the necessary cost and expense of providing the repair, replacement, repaving, reconstruction, and maintenance of the common area private streets, roadways, and parking lot areas serving the properties within the proposed Special Service Area Number 29, including the repair and replacement of storm water sewer and sanitary facilities which provide drainage for such paved areas and all engineering consulting fees, construction supervision and inspection costs, temporary easement acquisition costs, insurance costs, and attorney's fees incurred in connection with the provision of such special services.

A special tax will also be considered at the public hearing which special tax is proposed to be levied at a maximum rate not to exceed two percent (2%) of equalized assessed value upon all taxable property within the special service area.

It is proposed that that an initial annual tax levy in amount of \$175,000.00 will be levied within the special service area for the initial year for which such special service area taxes will be levied.

All interested persons affected by the formation of City of DeKalb Special Service Area Number 29, including all persons owning taxable real property located within SSA 29, will be given an opportunity to be heard regarding the formation and boundaries of the special service area, and the taxes to be levied, and may object to the formation of the area, its boundaries, the taxes to be levied, and any other issues embodied in this notice.

The hearing may be adjourned by the City Council to another date without further notice other than a motion to be entered upon the minutes of its meeting fixing the time and place of its adjournment.

If a petition is filed with the City Manager's Office within sixty (60) days following the final adjournment of the public hearing, signed by at least fifty-one percent (51%) of the electors residing within the special service area and by at least fifty-one percent (51%) of the owners of record of land included within the boundaries of the special service area, objecting to the creation of the Special Service Area Number 29 or the levy or imposition of a special tax for the provision of special services to the area, no such special service area may be created or tax be levied or imposed.

DATED this 4th day of February 2020.

Signature: _____

Ruth A. Scott, Executive Assistant



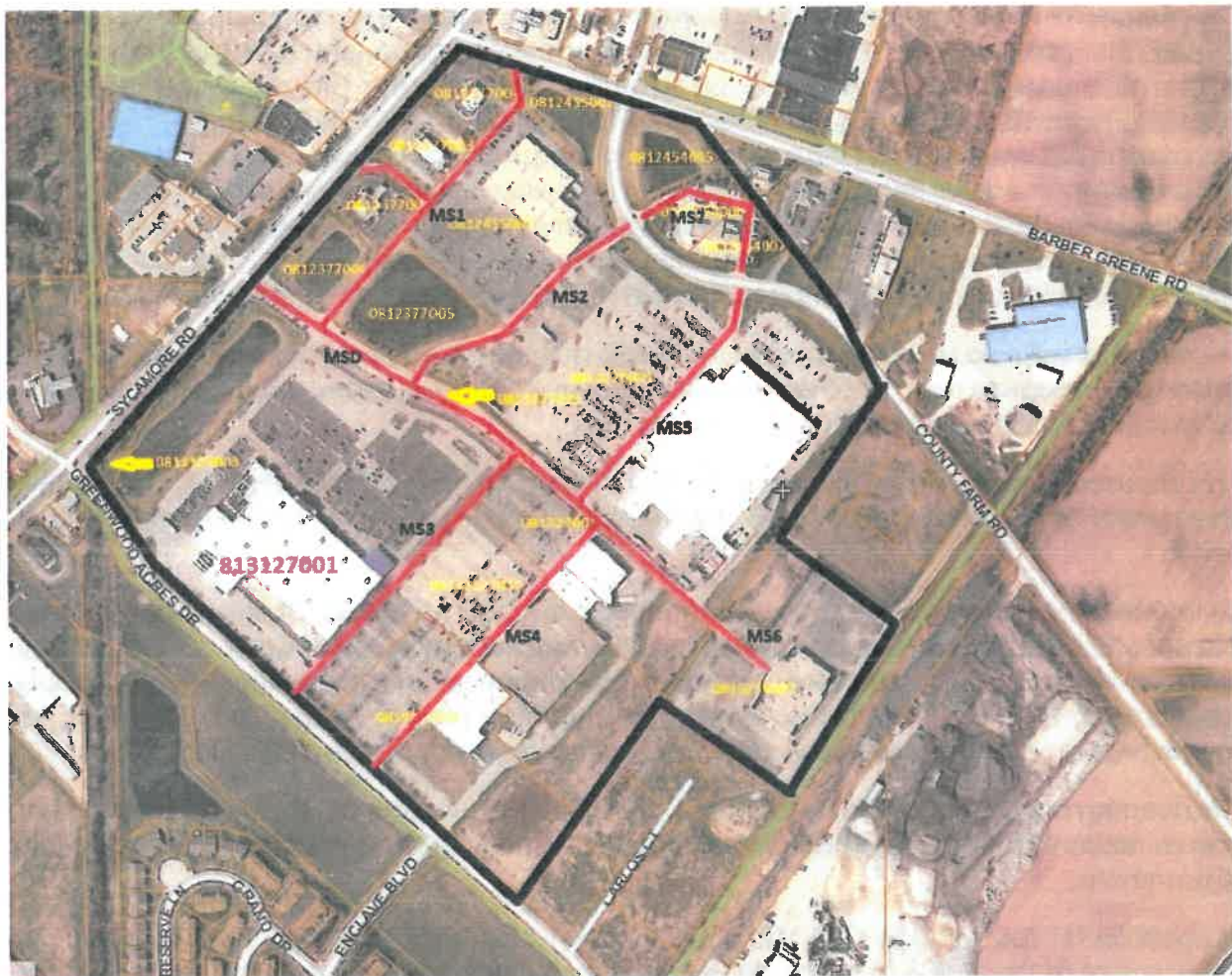
EXHIBIT A

(Map and PINS for Special Service Area 29 - Market Square)

0813127001
0813127003
0812377006
0812377002
0812377003
0812377004

0812454005
0812455001
0812377005
0813276001
0813127011
0812455002

0812454006
0812454007
0813276009
0813276011
0813127010
0813127009



Certificate of the Publisher

Daily Chronicle

Description: SSA #29
1749158
SSA #29

CITY OF DEKALB LEGAL DEPT.
ATTN: BETH PATRICK
200 S FOURTH ST
DEKALB IL 60115

Shaw Media certifies that it is the publisher of the Daily Chronicle. The Daily Chronicle is a secular newspaper, has been continuously published daily for more than fifty (50) weeks prior to the first publication of the attached notice, is published in the City of DeKalb, County of DeKalb, State of Illinois, is of general circulation throughout that county and surrounding area, and is a newspaper as defined by 715 ILCS 5/5.

A notice, a true copy of which is attached, was published 1 time(s) in the Daily Chronicle, namely one time per week for one successive week(s). Publication of the notice was made in the newspaper, dated and published on 02/05/2020

This notice was also placed on a statewide public notice website as required by 5 ILCS 5/2.1.

In witness, Shaw Media has signed this certificate by Laura Shaw, its publisher, at DeKalb, Illinois, on 5th day of February, A.D. 2020

Shaw Media By:


Laura Shaw, Publisher

Account Number 40609

Amount \$242.42

NOTICE OF HEARING
CITY OF DEKALB, DEKALB COUNTY, ILLINOIS
SPECIAL SERVICE AREA NO. 29
MARKET SQUARE

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0813127001	0812377004	0813127011	0813276011
0813127003	0812454005	0812455002	0813127010
0812377006	0812455001	0812454006	0813127009
0812377002	0812377005	0812454007	
0812377003	0813276001	0813276009	

An accurate map of said territory is on file in the office of the City Manager, 200 S. Fourth Street, DeKalb, IL 60115 and available for public inspection.

The purpose of the formation of City of DeKalb Special Service Area Number 29 is to provide special municipal services to the territory proposed for establishment as SSA 29 consisting of the necessary cost and expense of providing the providing the repair, replacement, repaving, reconstruction, and maintenance of the common area private streets, roadways, and parking lot areas serving the properties within the proposed Special Service Area Number 29, including the repair and replacement of storm water sewer and sanitary facilities which provide drainage for such paved areas and all engineering consulting fees, construction supervision and inspection costs, temporary easement acquisition costs, insurance costs, and attorney's fees incurred in connection with the provision of such special services.

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If a petition is filed with the office of the City Manager within sixty (60) days following the final adjournment of the public hearing, signed by at least fifty-one percent (51%) of the electors residing within the special service area and by at least fifty-one percent (51%) of the owners of record of land included within the boundaries of the special service area, objecting to the creation of the Special Service Area Number 29 or the levy or imposition of a special tax for the provision of special services to the area, no such special service area may be created or tax be levied or imposed.

(Published in the Daily Chronicle on February 5, 2020.) 1749158

7016 1370 0001 8111 9921

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For delivery information, visit our website at www.usps.com ®.	
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Certified Mail Fee \$	Postmark Here <i>mailed</i> <i>2-4-2020</i>
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees \$ <i>4.05</i>	
Sent To <i>Kohls</i>	
Street and Apt. No., or PO Box No.	
City, State, ZIP+4®	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none">■ Complete items 1, 2, and 3.■ 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.	A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: Kohls Illinois Inc. P.O. Box 2448 Milwaukee, WI 53201  9590 9402 5417 9189 1679 23	B. Received by (Printed Name) <i>Gary Kovach</i> C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No 
2. Article Number (Transfer from service label) 7016 1370 0001 8111 9921	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Mail Restricted Delivery (0) <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7018 1830 0001 0581 0205

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For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee \$	Postmark <i>mailed</i> <i>2-4-2020</i>
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees \$ <i>4.85</i>	
Sent To <i>Bio Plasma</i>	
Street and Apt. No., or PO Box No.	
City, State, ZIP+4®	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. 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. 	A. Signature <i>X Hervera dicta</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: Biolife Plasma Services LP 1 Baxter Pkwy. #DF2-2W Deerfield, IL 60015	B. Received by (Printed Name) C. Date of Delivery
2. Article Number (PSN 7530-02-000-9053) 7018 1830 0001 0581 0205	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Delivery Restricted Delivery <input type="checkbox"/> Mail <input type="checkbox"/> Registered Mail Restricted Delivery (over \$500)	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery


7018 1830 0001 0581 0212

U.S. Postal Service TM CERTIFIED MAIL [®] RECEIPT Domestic Mail Only	
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Certified Mail Fee \$	Postmark here mailed 2-4-2020
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees \$ 4.05	
Sent To Serial	
Street and Apt. No., or PO Box No.	
City, State, ZIP+4 [®]	
PS Form 3800, April 2015 PSN 7530-02-000 9047 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. 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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Sara Rodgers</u> C. Date of Delivery <u>2-6-20</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Serial Market Square LLC 6801 S. ... Creek Rd. Rockford, IL 61114</p> <p>9590 9402 5417 9189 1679 54</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail[®] <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Priority Mail Express[®] <input type="checkbox"/> Registered MailTM <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature ConfirmationTM <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7018 1830 0001 0581 0212</p>	<p>Domestic Return Receipt</p>
PS Form 3811, July 2015 PSN 7530-02-000-9053	

1820 1950 1000 DEPT 8102

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For delivery information, visit our website at www.usps.com ®.	
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Certified Mail Fee \$ Extra Services & Fees (check box, add fee as appropriate) <input type="checkbox"/> Return Receipt (hardcopy) \$ <input type="checkbox"/> Return Receipt (electronic) \$ <input type="checkbox"/> Certified Mail Restricted Delivery \$ <input type="checkbox"/> Adult Signature Required \$ <input type="checkbox"/> Adult Signature Restricted Delivery \$	Postmark Here <i>mailed</i> <i>2-4-2006</i>
Postage \$ Total Postage and Fees \$ <i>4.05</i>	
Sent To <i>Gm X Rega</i> Street and Apt. No., or PO Box No. City, State, ZIP+4®	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ 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. 	A. Signature <i>X DM Schmeide</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to: GMX Rega DK LLC 3000 Dundee Rd., Ste 408 Northbrook, IL 60062	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
 9590 9402 5417 9189 1680 29	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Mail Restricted Delivery (over \$500)
2. Article Number (Transfer from service label) 7018 1830 0001 0581 0281	
PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt	

0520 1850 0001 0581 0250

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Certified Mail Fee	
\$	
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage	
\$	
Total Postage and Fees	
\$	4.05

Sent To	Steak N Shake
Street and Apt. No., or PO Box No.	
City, State, ZIP+4®	

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

Postmark
Here
mailed
2-4-2020

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Steak N Shake Inc. Operations
 107 S. Pennsylvania St., #400
 Indianapolis, IN 46204



9590 9402 5417 9189 1679 92

2. Article Number (Transfer from service label)

7018 1830 0001 0581 0250

COMPLETE THIS SECTION ON DELIVERY

A. Signature	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
X	

B. Received by (Printed Name)	C. Date of Delivery
	02062020

D. Is delivery address different from item 1?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, enter delivery address below:	

3. Service Type	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Mail Restricted Delivery	

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

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Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

\$

Sent To

DeKalb Associates

Street and Apt. No., or PO Box No.

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

Postmark
Here

mailed
2-4-2020

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

DeKalb Associates LLC
707 Skokie Blvd., Ste. 100
Northbrook, IL 60062



9590 9402 5417 9189 1679 85

2. Article Number (Transfer from service label)

7018 1830 0001 0581 0243

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Margaret Bullin

☐ 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

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☒ Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Mail

☐ Mail Restricted Delivery

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☒ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

7018 1830 0001 0581 0267

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$☐ Return Receipt (electronic) \$☐ Certified Mail Restricted Delivery \$☐ Adult Signature Required \$☐ Adult Signature Restricted Delivery \$Postmark
Heremailed
2-4-2020

Postage

\$

Total Postage and Fees

\$

4.05

Sent To

Store master

Street and Apt. No., or PO Box No.

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Store Master Funding II LLC
8501 E. Prince Dr., Ste 190
Scottsdale, AZ 85255



9590 9402 5417 9189 1680 05

2. Article Number (Transfer from service label)

7018 1830 0001 0581 0267

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X S. Bryant

☐ Agent☐ Addressee

B. Received by (Printed Name)

S. BRYANT

C. Date of Delivery

2/7/20

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

3. Service Type


☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Mail Restricted Delivery☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☒ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

9520 1850 1000 DEPT 8102

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT <i>Domestic Mail Only</i>	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee \$	Postmark Here <i>mailed 2-4-2020</i>
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees \$ <i>4.05</i>	
Sent To <i>walmart stores</i>	
Street and Apt. No., or PO Box No.	
City, State, ZIP+4®	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none">■ Complete items 1, 2, and 3.■ 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.	A. Signature <input checked="" type="checkbox"/> <i>Derek Weaver</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: Walmart Stores Inc. Tax Dept. 0555 702 SW 8 th St. Bentonville, AR 72716  9590 9402 5417 9189 1679 78	B. Received by (Printed Name) <i>Derek Weaver</i> DATE OF DELIVERY <i>FEB 10 2020</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number (Transfer from service label) <i>7018 1830 0001 0581 0236</i>	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Mail <input type="checkbox"/> Mail Restricted Delivery (D)
	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

7018 1830 0001 0581 0229

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

\$

Sent To

Street and Apt. No., or PO Box No.

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

Postmark
Here

*mailed
2-4-2020*

walmart Real Estate

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Walmart Real Estate Store #786
Tax Dept. 8013
P.O. Box 8050
Bentonville, AR 72716



9590 9402 5417 9189 1679 61

2. Article Number (Transfer from service label)

7018 1830 0001 0581 0229

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Derek Weaver

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Derek Weaver

C. Date of Delivery

FEB 10 2020

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes

☐ No

3. Service Type

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☒ Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Restricted Delivery

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☒ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

7018 1830 0001 0581 0298

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee \$ _____	Postmark Here <i>mailed 2-4-2020</i>
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ <input type="checkbox"/> Adult Signature Required \$ _____ <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total Postage and Fees \$ 4.05	
Sent To Lowe's Street and Apt. No., or PO Box No. _____ City, State, ZIP+4® _____	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ 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. 	A. Signature X Lowe's SSC - M <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: Lowe's Home Centers Inc. Attn: Tax Dept. NB3TA 1000 Lowe's Blvd. Mooresville, NC 28117	B. Received by (Printed Name) _____ C. Date of Delivery 2/10/20
2. Article Number (Transfer from service label) 7018 1830 0001 0581 0298	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____
 9590 9402 5417 9189 1680 36	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500)
PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Market Square Cinemas
GKC Theatres
Attn: Lease Admin - Market Sq
11550 Ash St
Ste 200, Leawood KS 66211-7816



9590 9402 5417 9189 1690 57

2. Article Number (Transfer from service label)

7018 1830 0001 0581 0311

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

Doug Lane

☐ Agent☐ Addressee

C. Date of Delivery

2/24/20

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

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input checked="" type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Mail Restricted Delivery | |

City of 
DeKalb
 opportunity · innovation
 200 South Fourth Street
 DeKalb, Illinois 60115

Returned
2-19-2020

7016
 7016 1950 1000 DEPT 8102

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee \$
 Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage \$
 Total Postage and Fees \$

Sent To *AMC Theaters - market square*
 Street and Apt. No., or PO Box No. *1150 Out St., Ste. 200*
 City, State, ZIP+4® *Leawood, KS 66211-7816*

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

2/21/2020
 Postmark Here
market square
Cinemas
GKC Theaters
attn: lease Admin

ANK
 60115>3733
 31902-039191

EPOST FIRST-CLASS MAIL
 2/04/2020
 S POSTAGE \$004.05⁹
 ZIP 60115
 041M11299333

1 0002/12/20
 D SENDER
 ATTEMPTED - NOT KNOWN
 UNABLE TO FORWARD
 BC: 60115573300 *0276-02213-04-41

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Wilkinson DeKalb Property LLC
Trust
265 Snowfields Run
Heathrow, FL 32746-445



9590 9402 5417 9189 1690 64

2. Article Number (Transfer from service label)

7018 1830 0001 0581 0304

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent☐ Addressee

B. Received by (Printed Name)

L. Wilkinson

C. Date of Delivery

2/26/2020

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

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery
☐ Insured
☐ Insured Restricted Delivery
☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☒ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

City of 
DeKalb
 opportunity · innovation
 200 South Fourth Street
 DeKalb, Illinois 60115

*Returned
2-19-2020*

7018 1830 0001 0304
 7018 1830 1000 0304
 7018 1830 0001 9104

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To	<i>Wilkinson</i>
Street and Apt. No., or PO Box No.	
City, State, ZIP+4®	

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

2/21/2020
 Postmark Here
forwarded to this address

NEOPOST FIRST-CLASS MAIL
 02/04/2020
US POSTAGE \$004.05⁰

 ZIP 60115
 041M11299333

ANK
 60115>3733
 32746-434476

HEATHROW FL 32746-4125
 RETURN TO SENDER

NFE 1 918F0002/24/20
 XP RTN TO SEND
 RUN