

Flamm & Teibloom LLC

5250 Old Orchard Road • Suite 300 • Skokie, IL 60077
21660 W. Field Parkway • Suite 118 • Deer Park, IL 60010

Matthew A. Flamm
mflamm@flamm.com
(312) 392-0307

May 29, 2020

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

City of Waukegan
100 N. Martin Luther King Jr. Avenue
Waukegan, IL 60085

Waukegan Community School Dist. 60
1201 North Sheridan Road
Waukegan, IL 60085

College of Lake County
19351 W. Washington St.
Grayslake, IL 60030

City of Waukegan Fire Department
1101 Belvidere St.
Waukegan, IL 60085

**Re: Petition for Tax Exemption for
Planned Parenthood of Illinois
PIN 08-17-200-007 and 08-17-200-008
1601 N. Lewis Ave., Waukegan, IL**

To Whom It May Concern:

In accordance with 35 ILCS 200/16-70, this letter serves to notify you that the above-referenced not-for-profit entity is applying for a real estate tax exemption for the above-referenced property. A copy of the application for exemption is enclosed. If you have any questions related to this petition for tax exemption, please contact me.

Very truly yours,

/s/Matthew A. Flamm

Matthew A. Flamm

Attorney for Planned Parenthood of Illinois

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

7017 2680 0000 9108 3466

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

OFFICIAL USE

Certified Mail Fee \$3.55

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

Return Receipt (hardcopy) \$2.85

Return Receipt (electronic) \$0.00

Certified Mail Restricted Delivery \$0.00

Adult Signature Required \$0.00

Adult Signature Restricted Delivery \$0.55

Postage \$0.55

Total Postage and Fees \$95.95

Sent To: College of Lake County
 Street and Apt. No.: 19351 W. Washington St.
 City, State, ZIP+4®: Grayslake, IL 60030

Postmark Here: PALATKA, IL 60067
 MAY 30 2020

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

7020 0090 0001 7675 2860

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SENDER: COMPLETE THIS SECTION

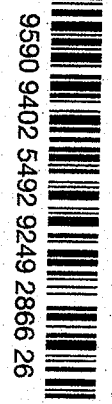
Complete items 1, 2, and 3.

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.

Article Addressed to:

College of Lake County
19351 W. Washington St.
Grayslake, IL 60030



9590 9402 5492 9249 2866 26

Article Number (Transfer from service label)
7017 2680 0000 9108 3480

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

SENDER: COMPLETE THIS SECTION

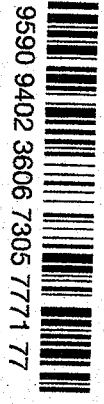
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Print your name and address on the reverse so that we can return the card to you.

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Article Addressed to:

City of Waukegan Fire Dept
1101 Belvidere St.
Waukegan, IL 60085



9590 9402 3606 7305 7771 77

Article Number (Transfer from service label)
7020 0090 0001 7675 2860

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

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
 Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Return Receipt for Merchandise
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

Domestic Return Receipt
by Restricted Delivery
Signature Confirmation Restricted Delivery

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X DMS

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
 Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Return Receipt for Merchandise
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

Domestic Return Receipt
Restricted Delivery
Signature Confirmation Restricted Delivery

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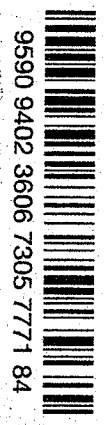
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Waukegan, IL 60085



9590 9402 3606 7305 7772 21

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A. Signature

X COVIA 19

Agent
 Addressee

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3. Service Type
 Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Return Receipt for Merchandise
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

Domestic Return Receipt
Restricted Delivery
Signature Confirmation Restricted Delivery

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 Registered Mail Restricted Delivery
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 Signature Confirmation™
 Signature Confirmation Restricted Delivery

Domestic Return Receipt
Restricted Delivery
Signature Confirmation Restricted Delivery