



# NOTIFICATION FOR UNDERGROUND STORAGE TANK SYSTEMS

State Form 45223 (R10 / 3-23)  
Indiana Department of Environmental Management  
Petroleum Branch

**RETURN COMPLETED FORMS TO:**  
Indiana Department of Environmental Management  
USTRegistration@idem.in.gov

Facility ID Number: **8333**

The information requested is required by 329 IAC 9. This form should only be used for facilities previously registered with the IDEM Underground Storage Tank program.

A TYPE OF NOTIFICATION		
<input type="checkbox"/> Facility Contact Change	<input checked="" type="checkbox"/> UST Owner Change	<input type="checkbox"/> Owner/Operator Information Change
<input type="checkbox"/> Type of Facility Change	<input checked="" type="checkbox"/> Property Owner Change	<input type="checkbox"/> Facility Name / Location Change
<input type="checkbox"/> UST System Modification	<input type="checkbox"/> UST Operator Change	<input type="checkbox"/> Financial Responsibility Change
<input type="checkbox"/> New UST System(s)		

B FACILITY NAME / LOCATION			
FACILITY NAME <b>Con-Way Central Express</b>		LATITUDE (37.710101 to 41.866773) <b>40.491739</b>	LONGITUDE (-88.165351 to -84.671035) <b>-86.106386</b>
FACILITY ADDRESS (number and street) <b>1632 E. Jefferson Street</b>		PARCEL NUMBER 34-04-29-353-003.000-002; 34-04-29-353-002.000-002	
CITY <b>Kokomo</b>	STATE <b>IN</b>	ZIP CODE <b>46901</b>	COUNTY <b>Howard</b>
			TELEPHONE NUMBER <b>(765) 868-0004</b>

C TYPE OF FACILITY (Check all that apply)		
<input type="checkbox"/> Auto Dealership	<input type="checkbox"/> Commercial	<input type="checkbox"/> Airport Hydrant System
<input type="checkbox"/> Hospital	<input type="checkbox"/> Gas Station	<input type="checkbox"/> Industrial
<input type="checkbox"/> Petroleum Distributor	<input type="checkbox"/> Railroad	<input type="checkbox"/> Residential
<input checked="" type="checkbox"/> Trucking or Transport	<input type="checkbox"/> Utilities	<input type="checkbox"/> Unmanned
<input type="checkbox"/> Marina	<input type="checkbox"/> School	<input type="checkbox"/> Other:

D PREPARED BY				
PREFIX	FIRST NAME <b>Vic</b>	MI	LAST NAME <b>Dodevski</b>	SUFFIX
ADDRESS <b>16W020 79th Street</b>		CITY <b>Burr Ridge</b>	STATE <b>IL</b>	ZIP CODE <b>60527</b>
TELEPHONE NUMBER	JOB TITLE	EMAIL ADDRESS <b>lddcondos8200@gmail.com</b>		

E UST OWNER	
TYPE OF OWNER	
<input type="checkbox"/> Federal Government	<input type="checkbox"/> State Government
<input type="checkbox"/> Commercial	<input checked="" type="checkbox"/> Private
<input type="checkbox"/> City / Local Government	<input type="checkbox"/> Other:
Option 1: UST OWNER NAME (Business Name as registered with the Secretary of State) <b>LDM Indiana LLC-S Series 2</b>	BUSINESS ID (From the Secretary of State)
Option 2: UST OWNER NAME (if a Public Agency or other entity)	

Option 3: UST OWNER NAME (if in Individual Capacity)			
PREFIX	FIRST NAME	MI	LAST NAME
UST OWNER ADDRESS (Listed in Options 1-3)		ADDRESS (line 2)	
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) <b>16W020 79th Street</b>		ADDRESS (line 2)	
CITY <b>Burr Ridge</b>	STATE <b>IL</b>	ZIP CODE <b>60527</b>	EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY) <b>12/15/2022</b>
TELEPHONE NUMBER <b>(708) 526-2135</b>	EMAIL ADDRESS (Option 3 Individual Capacity) <b>lddcondos8200@gmail.com</b>		JOB TITLE (Option 3 Individual Capacity)

CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)			
PREFIX	FIRST NAME <b>Vic</b>	MI	LAST NAME <b>Dodevski</b>
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box) <b>16W020 79th Street</b>		ADDRESS (line 2)	
CITY <b>Burr Ridge</b>	STATE <b>IL</b>	ZIP CODE <b>60527</b>	JOB TITLE <b>President</b>
TELEPHONE NUMBER <b>(708) 526-2135</b>	EMAIL ADDRESS <b>lddcondos8200@gmail.com</b>		

FACILITY ID # <b>8333</b>		FACILITY NAME <b>Con-Way Central Express</b>	
<b>F FINANCIAL RESPONSIBILITY (Check all that apply)</b>			
<input type="checkbox"/> Federal or State Government Entity, which does not fall under financial responsibility requirements			
<input type="checkbox"/> Local Government owner or operator is maintaining financial responsibility for this site			
<input type="checkbox"/> The UST owner is maintaining financial responsibility for this site			
<input type="checkbox"/> The UST operator is maintaining financial responsibility for this site			
<input type="checkbox"/> I have met the financial responsibility requirements (in accordance with 329 IAC 9-8) by using one or a combination of the following mechanisms: (check all that apply) . <b>If you are using the ELTF it must be checked as well.</b>			
<input type="checkbox"/> Financial Test of Self Insurance		<input type="checkbox"/> Excess Liability Trust Fund (State Fund)	
<input type="checkbox"/> Guarantee		<input type="checkbox"/> Insurance and Risk Retention Group Coverage	
<input type="checkbox"/> Surety Bond		<input type="checkbox"/> Loan Commitment Letter	
<input type="checkbox"/> Letter of Credit		<input type="checkbox"/> Certificate of Deposit	
<input type="checkbox"/> Trust Fund		<input type="checkbox"/> Standby Trust Fund	
<input type="checkbox"/> Local Government Bond Rating Test		<input type="checkbox"/> Local Government Financial Test	
<input type="checkbox"/> Local Government Guarantee		<input type="checkbox"/> Local Government Fund	
If utilizing the ELTF for FR, I acknowledge the requirement to maintain the ability to pay the applicable amount pursuant to 9-8-11(b) and (c) and ability to provide proof of that mechanism when requested.			
<b>G UST OPERATOR</b>			
<b>TYPE OF OPERATOR</b>			
<input type="checkbox"/> Federal Government		<input type="checkbox"/> State Government	
<input type="checkbox"/> Commercial		<input type="checkbox"/> Private	
		<input type="checkbox"/> City / Local Government	
		<input type="checkbox"/> Other:	
Option 1: UST OPERATOR NAME (Business Name as registered with the Secretary of State)		BUSINESS ID (From the Secretary of State)	
Option 2: UST OPERATOR NAME (If a Public Agency or other entity)			
Option 3: UST OPERATOR NAME (If in Individual Capacity)			
PREFIX	FIRST NAME	MI	LAST NAME SUFFIX
UST OPERATOR ADDRESS (Listed in Options 1-3)		ADDRESS (line 2)	
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)		ADDRESS (line 2)	
CITY	STATE	ZIP CODE	DATE BEGAN OPERATING (MM/DD/YYYY)
TELEPHONE NUMBER	EMAIL ADDRESS (Option 3 Individual Capacity)		JOB TITLE (Option 3 Individual Capacity)
CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)			
PREFIX	FIRST NAME	MI	LAST NAME SUFFIX
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)		ADDRESS (line 2)	
CITY	STATE	ZIP CODE	JOB TITLE
TELEPHONE NUMBER	EMAIL ADDRESS		
<b>H FACILITY CONTACT</b>			
CONTACT INDIVIDUAL NAME			
PREFIX	FIRST NAME	MI	LAST NAME SUFFIX
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)		ADDRESS (line 2)	
CITY	STATE	ZIP CODE	JOB TITLE
TELEPHONE NUMBER	EMAIL ADDRESS		

FACILITY ID # <b>8333</b>		FACILITY NAME <b>Con-Way Central Express</b>			
<b>I DEEDED PROPERTY OWNER</b>					
TYPE OF OWNER					
<input type="checkbox"/> Federal Government		<input type="checkbox"/> State Government		<input type="checkbox"/> City / Local Government	
<input type="checkbox"/> Commercial		<input checked="" type="checkbox"/> Private		<input type="checkbox"/> Other:	
Option 1: PROPERTY OWNER NAME (Business Name as registered with the Secretary of State)				BUSINESS ID (From the Secretary of State)	
<b>LDM Indiana LLC-S Series 2</b>					
Option 2: PROPERTY OWNER NAME (If a Public Agency or other entity)					
Option 3: PROPERTY OWNER NAME (If in Individual Capacity)					
PREFIX	FIRST NAME	MI	LAST NAME		SUFFIX
PROPERTY OWNER ADDRESS (Listed in Options 1-3)					
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)				ADDRESS (line 2)	
<b>16W020 79th Street</b>					
CITY		STATE	ZIP CODE	EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY)	
<b>Burr Ridge</b>		<b>IL</b>	<b>60527</b>	<b>12/15/2022</b>	
TELEPHONE NUMBER		EMAIL ADDRESS (Option 3 Individual Capacity)		JOB TITLE (Option 3 Individual Capacity)	
<b>(708) 526-2135</b>		<b>lddcondos8200@gmail.com</b>			
CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)					
PREFIX	FIRST NAME	MI	LAST NAME		SUFFIX
	<b>Vic</b>		<b>Dodevski</b>		
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)					
<b>16W020 79th Street</b>				ADDRESS (line 2)	
CITY		STATE	ZIP CODE	JOB TITLE	
<b>Burr Ridge</b>		<b>IL</b>	<b>60527</b>	<b>President</b>	
TELEPHONE NUMBER		EMAIL ADDRESS			
<b>(708) 526-2135</b>		<b>lddcondos8200@gmail.com</b>			
<b>J ACTIVE LAND CONTRACT PROPERTY OWNER (If applicable)</b>					
TYPE OF OWNER					
<input type="checkbox"/> Federal Government		<input type="checkbox"/> State Government		<input type="checkbox"/> City / Local Government	
<input type="checkbox"/> Commercial		<input type="checkbox"/> Private		<input type="checkbox"/> Other:	
Option 1: PROPERTY OWNER NAME (Business Name as registered with the Secretary of State)				BUSINESS ID (From the Secretary of State)	
Option 2: PROPERTY OWNER NAME (If a Public Agency or other entity)					
Option 3: PROPERTY OWNER NAME (If in Individual Capacity)					
PREFIX	FIRST NAME	MI	LAST NAME		SUFFIX
PROPERTY OWNER ADDRESS (Listed in Options 1-3)					
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)				ADDRESS (line 2)	
CITY		STATE	ZIP CODE	EFFECTIVE DATE OF OWNERSHIP (MM/DD/YYYY)	
TELEPHONE NUMBER	JOB TITLE	EMAIL ADDRESS (Option 3 Individual Capacity)		PROPOSED END DATE (MM/DD/YYYY)	
CONTACT FOR BUSINESS / PUBLIC AGENCY (Listed in Option 1 or 2)					
PREFIX	FIRST NAME	MI	LAST NAME		SUFFIX
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS (Number and Street, no P.O. Box)					
				ADDRESS (line 2)	
CITY		STATE	ZIP CODE	JOB TITLE	
TELEPHONE NUMBER		EMAIL ADDRESS			

FACILITY ID # <b>8333</b>	FACILITY NAME <b>Con-Way Central Express</b>		
<b>K CONTRACTOR</b>			
<input type="checkbox"/>	INSTALLATION INSPECTED BY A REGISTERED ENGINEER	REGISTRATION ID:	REGISTRATION DATE <i>(mm/dd/yyyy)</i>
<input type="checkbox"/>	MANUFACTURER'S INSTALLATION CHECKLISTS HAVE BEEN COMPLETED AND INCLUDED	<input type="checkbox"/>	INSTALLER CERTIFIED BY TANK AND PIPING MANUFACTURER
<input type="checkbox"/>	WORK INSPECTED BY INDIANA DEPARTMENT OF HOMELAND SECURITY / DIVISION OF FIRE AND BUILDING SAFETY	INSPECTION DATE <i>(mm/dd/yyyy)</i>	
CONTRACTOR BUSINESS NAME <i>(Business Name as registered with the Secretary of State)</i>		BUSINESS ID <i>(From the Secretary of State)</i>	
CONTACT INFORMATION FOR CONTRACTOR THAT PERFORMED OR MANAGED WORK ON SITE			
PREFIX	FIRST NAME	MI	LAST NAME
			SUFFIX
PRINCIPAL OFFICE ADDRESS or PRIMARY RESIDENTIAL ADDRESS <i>(Number and Street, no P.O. Box)</i>			ADDRESS <i>(line 2)</i>
CITY	STATE	ZIP CODE	IDHS CERTIFICATION NUMBER
TELEPHONE NUMBER	EMAIL ADDRESS		
<b>L POTENTIALLY INTERESTED PARTIES</b>			
INTERESTED PARTY NAME		E-MAIL ADDRESS	
INTERESTED PARTY NAME		E-MAIL ADDRESS	
INTERESTED PARTY NAME		E-MAIL ADDRESS	
<b>M FACILITY SITE MAP</b>			
<p><i>In the space below, sketch the facility (tanks, piping, tank manway locations, vents, pump islands, buildings, etc.). Include tank sizes and type of product stored. Label streets or other landmarks. Show North if direction known.</i></p>			

FACILITY ID # <b>8333</b>	FACILITY NAME <b>Con-Way Central Express</b>
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Complete one column for each tank or compartment. See instructions for compartment identification numbering.

**N IDENTIFICATION OF UNDERGROUND STORAGE TANKS**

IDEM UST REGISTRATION NUMBER				
PART OF A COMPARTMENTED UST (Y/N)				
NUMBER OF COMPARTMENTS IN UST				
COMPARTMENT IDENTIFICATION NUMBER				
(mm/dd/yyyy) DATE INSTALLED				
(mm/dd/yyyy) DATE FIRST BROUGHT INTO USE				
(gallons) ESTIMATED TOTAL CAPACITY				
MANIFOLDED (Y/N)				
MANIFOLDED TO COMPARTMENT ID NUMBER				

**O STATUS OF UNDERGROUND STORAGE TANKS**

CURRENT STATUS				
(mm/dd/yyyy) STATUS DATE				

**P SUBSTANCES CURRENTLY OR LAST STORED IN UNDERGROUND STORAGE TANKS**

PETROLEUM				
MAXIMUM ETHANOL %				
MAXIMUM BIOFUEL %				
(specify) OTHER				
HAZARDOUS SUBSTANCE				
CHEMICAL ABSTRACT SERVICE NUMBER				
MIXTURE OF SUBSTANCES				
PRODUCT IS COMPATIBLE WITH TANK (Y/N)				

**Q UNDERGROUND STORAGE TANK CONSTRUCTION ATTRIBUTES**

MANUFACTURER				
MODEL				
MATERIAL OF CONSTRUCTION				
SECONDARY CONTAINMENT				

**R UNDERGROUND STORAGE TANK CORROSION PROTECTION**

CORROSION PROTECTION TYPE				
(mm/dd/yyyy) ANODE INSTALLATION DATE				
INTERIOR LINING				
(mm/dd/yyyy) LINER INSTALLATION DATE				
(specify) OTHER				

**S PIPING CONSTRUCTION AND PROTECTION**

MANUFACTURER				
MODEL				
(mm/dd/yyyy) DATE INSTALLED				
MATERIAL				
SECONDARY CONTAINMENT				
CORROSION PROTECTION TYPE				
(mm/dd/yyyy) ANODE INSTALLATION DATE				
PRODUCT IS COMPATIBLE WITH PIPING (Y/N)				
PRODUCT DELIVERY METHOD				

FACILITY ID # <b>8333</b>		FACILITY NAME <b>Con-Way Central Express</b>	
IDEM UST REGISTRATION NUMBER			
COMPARTMENT IDENTIFICATION NUMBER			
<b>T</b>	<b>UNDERGROUND STORAGE TANK RELEASE DETECTION</b>		
PRIMARY UST RELEASE DETECTION			
MANUFACTURER			
MODEL			
SECONDARY UST RELEASE DETECTION			
MANUFACTURER			
MODEL			
<b>U</b>	<b>UNDERGROUND PIPING RELEASE DETECTION</b>		
PRIMARY PIPING RELEASE DETECTION			
MANUFACTURER			
MODEL			
SECONDARY PIPING RELEASE DETECTION (LEAK DETECTOR REQUIRED FOR PRESSURIZED PIPING)			
MANUFACTURER			
MODEL			
TERTIARY PIPING RELEASE DETECTION			
MANUFACTURER			
MODEL			
<b>V</b>	<b>SPILL AND OVERFILL PREVENTION EQUIPMENT</b>		
CATCHMENT BASIN / SPILL BUCKET			
(mm/dd/yyyy) DATE INSTALLED			
MANUFACTURER			
MODEL			
FILL LATITUDE			
FILL LONGITUDE			
PRIMARY OVERFILL PREVENTION EQUIPMENT			
(mm/dd/yyyy) DATE INSTALLED			
MANUFACTURER			
MODEL			
% ULLAGE SET POINT			
SECONDARY OVERFILL PREVENTION EQUIPMENT			
(mm/dd/yyyy) DATE INSTALLED			
MANUFACTURER			
MODEL			
% ULLAGE SET POINT			
UNDER DISPENSER CONTAINMENT PRESENT			
MANUFACTURER			
(mm/dd/yyyy) DATE INSTALLED			
SUBMERSIBLE TURBINE SUMP PRESENT			
MANUFACTURER			
(mm/dd/yyyy) DATE INSTALLED			

FACILITY ID # <b>8333</b>	FACILITY NAME <b>Con-Way Central Express</b>
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Complete one column for each tank or compartment. See instructions for compartment identification numbering.

**N IDENTIFICATION OF UNDERGROUND STORAGE TANKS**

ITEM UST REGISTRATION NUMBER				
PART OF A COMPARTMENTED UST (Y/N)				
NUMBER OF COMPARTMENTS IN UST				
COMPARTMENT IDENTIFICATION NUMBER				
(mm/dd/yyyy) DATE INSTALLED				
(mm/dd/yyyy) DATE FIRST BROUGHT INTO USE				
(gallons) ESTIMATED TOTAL CAPACITY				
MANIFOLDED (Y/N)				
MANIFOLDED TO COMPARTMENT ID NUMBER				

**O STATUS OF UNDERGROUND STORAGE TANKS**

CURRENT STATUS				
(mm/dd/yyyy) STATUS DATE				

**P SUBSTANCES CURRENTLY OR LAST STORED IN UNDERGROUND STORAGE TANKS**

PETROLEUM				
MAXIMUM ETHANOL %				
MAXIMUM BIOFUEL %				
(specify) OTHER				
HAZARDOUS SUBSTANCE				
CHEMICAL ABSTRACT SERVICE NUMBER				
MIXTURE OF SUBSTANCES				
PRODUCT IS COMPATIBLE WITH TANK (Y/N)				

**Q UNDERGROUND STORAGE TANK CONSTRUCTION ATTRIBUTES**

MANUFACTURER				
MODEL				
MATERIAL OF CONSTRUCTION				
SECONDARY CONTAINMENT				

**R UNDERGROUND STORAGE TANK CORROSION PROTECTION**



CORROSION PROTECTION TYPE				
(mm/dd/yyyy) ANODE INSTALLATION DATE				
INTERIOR LINING				
(mm/dd/yyyy) LINER INSTALLATION DATE				
(specify) OTHER				

**S PIPING CONSTRUCTION AND PROTECTION**

MANUFACTURER				
MODEL				
(mm/dd/yyyy) DATE INSTALLED				
MATERIAL				
SECONDARY CONTAINMENT				
CORROSION PROTECTION TYPE				
(mm/dd/yyyy) ANODE INSTALLATION DATE				
PRODUCT IS COMPATIBLE WITH PIPING (Y/N)				
PRODUCT DELIVERY METHOD				

FACILITY ID # <b>8333</b>		FACILITY NAME <b>Con-Way Central Express</b>	
IDEM UST REGISTRATION NUMBER			
COMPARTMENT IDENTIFICATION NUMBER			
<b>T</b>	<b>UNDERGROUND STORAGE TANK RELEASE DETECTION</b>		
PRIMARY UST RELEASE DETECTION			
MANUFACTURER			
MODEL			
SECONDARY UST RELEASE DETECTION			
MANUFACTURER			
MODEL			
<b>U</b>	<b>UNDERGROUND PIPING RELEASE DETECTION</b>		
PRIMARY PIPING RELEASE DETECTION			
MANUFACTURER			
MODEL			
SECONDARY PIPING RELEASE DETECTION (LEAK DETECTOR REQUIRED FOR PRESSURIZED PIPING)			
MANUFACTURER			
MODEL			
TERTIARY PIPING RELEASE DETECTION			
MANUFACTURER			
MODEL			
<b>V</b>	<b>SPILL AND OVERFILL PREVENTION EQUIPMENT</b>		
CATCHMENT BASIN / SPILL BUCKET			
(mm/dd/yyyy) DATE INSTALLED			
MANUFACTURER			
MODEL			
FILL LATITUDE			
FILL LONGITUDE			
PRIMARY OVERFILL PREVENTION EQUIPMENT			
(mm/dd/yyyy) DATE INSTALLED			
MANUFACTURER			
MODEL			
% ULLAGE SET POINT			
SECONDARY OVERFILL PREVENTION EQUIPMENT			
(mm/dd/yyyy) DATE INSTALLED			
MANUFACTURER			
MODEL			
% ULLAGE SET POINT			
UNDER DISPENSER CONTAINMENT PRESENT			
MANUFACTURER			
(mm/dd/yyyy) DATE INSTALLED			
SUBMERSIBLE TURBINE SUMP PRESENT			
MANUFACTURER			
(mm/dd/yyyy) DATE INSTALLED			



FACILITY ID # <b>8333</b>		TRANSACTION ID - FOR STATE USE ONLY	
<b>UST OWNER CERTIFICATION</b>			
I swear or affirm, under penalty of perjury as specified by IC 35-44.1-2-1 and other penalties specified by IC 13-30-10 and IC 13-23-14-2, that the statements and representations in this document are true, accurate, and complete. I further certify compliance with the following requirements in accordance with 329 IAC 9-2-2(e):			
(1) Installation of all tanks and piping under 40 CFR 280.20.			
(2) Cathodic protection of steel tanks and piping under 40 CFR 280.20.			
(3) Release detection under 40 CFR 280 Subpart D.			
(4) Financial responsibility under 329 IAC 9-8.			
OWNER'S AUTHORIZED REPRESENTATIVE (Print or Type)			
PREFIX	FIRST NAME	MI	LAST NAME SUFFIX
	Vic		Dodevski
TITLE OF AUTHORIZED REPRESENTATIVE		COMPANY NAME (if Individual Leave Blank)	
President		LDM Indiana LLC-S Series 2	
SIGNATURE			DATE (MM/DD/YYYY)
			5/22/2024
<b>UST OPERATOR CERTIFICATION</b>			
I swear or affirm, under penalty of perjury as specified by IC 35-44.1-2-1 and other penalties specified by IC 13-30-10 and IC 13-23-14-2, that the statements and representations in this document are true, accurate, and complete. I further certify compliance with the following requirements in accordance with 329 IAC 9-2-2(e):			
(1) Installation of all tanks and piping under 40 CFR 280.20.			
(2) Cathodic protection of steel tanks and piping under 40 CFR 280.20.			
(3) Release detection under 40 CFR 280 Subpart D.			
(4) Financial responsibility under 329 IAC 9-8.			
OPERATOR'S AUTHORIZED REPRESENTATIVE (Print or Type)			
PREFIX	FIRST NAME	MI	LAST NAME SUFFIX
	Matthew		Zellen
TITLE OF AUTHORIZED REPRESENTATIVE		COMPANY NAME (if Individual Leave Blank)	
Director - EHS		XPO Logistics Freight, Inc.	
SIGNATURE			DATE (MM/DD/YYYY)
			06/05/2024
<b>CONTRACTOR CERTIFICATION</b>			
CERTIFIED INDIVIDUAL NAME			
PREFIX	FIRST NAME	MI	LAST NAME SUFFIX
OATH: I swear or affirm, under penalty of perjury as specified by IC 35-44.1-2-1 and other penalties specified by IC 13-30-10 and IC 13-23-14-2, that work performed on the UST system complies with methods specified in 329 IAC 9 and 40 CFR 280, Subpart C.			
SIGNATURE		EMAIL ADDRESS	DATE (MM/DD/YYYY)

R: JW

**2334000399**  
TORIE KELLEY  
HOWARD COUNTY IN RECORDER  
ELECTRONICALLY RECORDED  
AS PRESENTED ON  
01/11/2023 01:12:17 PM  
REC FEE: 25.00 PGS: 5

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DO NOT WRITE ABOVE THIS LINE

**SPECIAL WARRANTY DEED**

**Raitt Corporation**, an Indiana corporation, with a mailing address of 4801 Linton Blvd., Suite 11A-652, Delray Beach, Florida 33445 (“Grantor”), in consideration of the sum of Two Million Three Hundred Sixty-Six Thousand Seven Hundred Forty-Eight Dollars and Thirty-One Cents (\$2,366,748.31) and for other valuable consideration, in hand paid, the receipt of which is hereby acknowledged, does hereby grant, bargain, sell, convey, and specially warrants unto to **LDM Indiana LLC-S Series 2**, an Indiana series limited liability company,\*whose tax mailing address is 16W020 79<sup>th</sup> Street, Burr Ridge, Illinois 60527 (“Grantee”), the following described real property:

**\*Grantees address is: 16W020 79th Street, Burr Ridge, IL. 60527**

See attached Exhibit “A”

Howard County Parcel I.D. Numbers: 34-04-29-353-003.000-002 and  
34-04-29-353-002.000-002      **bh**

Address: 1632 E. Jefferson Road, Kokomo, Indiana 46901

Prior Instrument Reference: Record No. 246, Page 1012 of the Howard County Records,  
Indiana.

The real property described above is conveyed subject to the following exceptions: (i) real estate taxes and assessments, both general and special, which are a lien but not yet due and payable; (ii) all legal highways; (iii) all applicable zoning and building codes; and (iv) those matters specifically described on Exhibit “B,” which is attached hereto and incorporated herein by reference.

Grantor, by execution and delivery hereof, warrants the title to the real property described above, against any lawful challenge claiming by, through or under, Grantor, but not otherwise.

[SIGNATURE PAGE FOLLOWS]

DULY ENTERED FOR TAXATION

1/11/2023 10:17:05 AM

Jessica Secrease / BH

Auditor, Howard County, Indiana

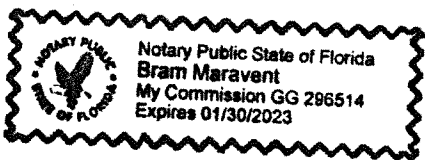
Grantor has set its hand this 13 day of December 2022.

RAITT CORPORATION, an Indiana corporation

By: Emily Geva  
Name: VP  
Title: VP

STATE OF Florida )  
 ) ss  
COUNTY OF Palm Beach )

The foregoing instrument was acknowledged before me this 13 day of December 2022 by Emily Geva, VP of Raitt Corporation, an Indiana corporation, on behalf of the corporation.



[Signature]  
Notary Public  
My commission expires: Jan. 30, 2023

This instrument prepared by:  
John R. Terpstra  
Lewis Brisbois Bisgaard & Smith LLP  
2211 Main Street  
Suite 3-2A  
Highland, IN 46322

Grantees Mailing Address/Mail Tax Bills To:

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security Number in this document, unless required by law. Kim Spahr

**EXHIBIT "A"**  
**LEGAL DESCRIPTION**

A PART OF THE SOUTHWEST QUARTER OF SECTION 29, TOWNSHIP 24 NORTH, RANGE 4 EAST, CENTER TOWNSHIP, HOWARD COUNTY, INDIANA, MORE PARTICULARLY DESCRIBED AS FOLLOWS: BEGINNING AT A POINT 12 1/2 RODS (206.25 FEET) EAST OF THE SOUTHWEST CORNER OF SAID SOUTHWEST QUARTER; THENCE EAST 27 1/2 RODS (453.75 FEET); THENCE NORTH 48 RODS (792 FEET) (F.M. 789.5 FEET); THENCE WEST 27 1/2 RODS (453.75 FEET); THENCE SOUTH 48 RODS (792 FEET) (F. M. 785.0 FEET) TO THE POINT OF BEGINNING.

**EXHIBIT "B"**  
**PERMITTED EXCEPTIONS**

1. RIGHTS OR CLAIMS OF PARTIES IN POSSESSION NOT SHOWN BY PUBLIC RECORDS.
2. ANY ENCROACHMENT, ENCUMBRANCE, VIOLATION, VARIATION, OR ADVERSE CIRCUMSTANCE AFFECTING THE TITLE THAT WOULD BE DISCLOSED BY AN ACCURATE AND COMPLETE LAND SURVEY OF THE LAND.
3. EASEMENTS, OR CLAIMS OF EASEMENTS, NOT SHOWN BY PUBLIC RECORDS.
4. ANY LIEN, OR RIGHT TO A LIEN, FOR SERVICES, LABOR OR MATERIAL HERETOFORE OR HEREAFTER FURNISHED, IMPOSED BY LAW AND NOT SHOWN BY THE PUBLIC RECORDS.
5. TAXES OR SPECIAL ASSESSMENTS WHICH ARE NOT SHOWN AS EXISTING LIENS BY THE PUBLIC RECORDS.
6. ANY DEFECT, LIEN, ENCUMBRANCE, ADVERSE CLAIM, OR OTHER MATTER THAT APPEARS FOR THE FIRST TIME IN THE PUBLIC RECORDS OR IS CREATED, ATTACHES, OR IS DISCLOSED BETWEEN THE COMMITMENT DATE AND THE DATE ON WHICH ALL OF THE SCHEDULE B, PART I-REQUIREMENTS ARE MET.
7. GENERAL REAL ESTATE TAXES FOR THE YEARS 2022, TAX NO. 34-04-29-353-003.000-002. (AFFECTS PART OF THE LAND)

NOTE: THE AMOUNT OF THE 2021 TAXES PAYABLE IN 2022, IS \$19,482.00

NOTE: THE MAY INSTALLMENT OF THE 2021 TAXES, IN THE AMOUNT OF \$9,741.00, IS PAID.

NOTE: THE NOVEMBER INSTALLMENT OF THE 2021 TAXES, IN THE AMOUNT OF \$9,741.00, IS PAID.

NOTE: THE 2022 TAXES, PAYABLE IN 2023, ARE NOT YET DUE.

NOTE: ASSESSED VALUATION: LAND \$419,000.00; IMPROVEMENTS \$230,400.00.

EXEMPTIONS: HOMESTEAD \$0.00; MORTGAGE \$0.00; SUPPLEMENTAL \$0.00.

NOTE: SPECIAL ASSESSMENT FOR THE TUDOR DRAIN, IN THE AMOUNT OF \$89.71, PER INSTALLMENT.

MAY INSTALLMENT IS PAID.

NOVEMBER INSTALLMENT IS PAID.

8. GENERAL REAL ESTATE TAXES FOR THE YEARS 2021 AND 2022, TAX NO. 34-04-29-353-002.000-002. (AFFECTS PART OF THE LAND)

NOTE: THE AMOUNT OF THE 2021 TAXES PAYABLE IN 2022, IS \$5,061.00

NOTE: THE MAY INSTALLMENT OF THE 2021 TAXES, IN THE AMOUNT OF \$2,530.50, IS PAID.

NOTE: THE NOVEMBER INSTALLMENT OF THE 2021 TAXES, IN THE AMOUNT OF

\$2,530.50, IS PAID.

NOTE: THE 2022 TAXES, PAYABLE IN 2023, ARE NOT YET DUE.

NOTE: ASSESSED VALUATION: LAND \$168,700.00; IMPROVEMENTS \$0.00.

EXEMPTIONS: HOMESTEAD \$0.00; MORTGAGE \$0.00; SUPPLEMENTAL \$0.00.

NOTE: SPECIAL ASSESSMENT FOR THE TUDOR DRAIN, IN THE AMOUNT OF \$29.79, PER INSTALLMENT.

MAY INSTALLMENT IS PAID.

NOVEMBER INSTALLMENT IS PAID.

9. THE REAL ESTATE TAX INFORMATION SET FORTH ABOVE IS ALL THAT IS CURRENTLY AVAILABLE IN THE COUNTY TAX COMPUTER. RECENT COMPUTER PROGRAM CHANGES MAY HAVE RENDERED INCOMPLETE OR INACCURATE THE AVAILABLE DATA. THIS INFORMATION MAY NOT BE SUFFICIENT FOR THE PURPOSE OF ESTABLISHING A PROPER REAL ESTATE TAX ESCROW. NEITHER THE COMPANY NOR ITS AGENT, ASSUME OR ACCEPT ANY RESPONSIBILITY FOR LOSS, DAMAGE, COST OR EXPENSE DUE TO, OR ARISING OUT OF THE UNAVAILABILITY OF ACCURATE TAX INFORMATION.

THE COMPANY ASSUMES NO LIABILITY FOR INCREASES IN THE AMOUNT OF REAL ESTATE TAXES AS SHOWN ABOVE, AND ANY CIVIL PENALTIES, AS A RESULT OF RETROACTIVE REVALUATION OF THE LAND AND IMPROVEMENTS, CHANGES IN THE USAGE OF THE LAND OR THE LOSS OF ANY EXEMPTION OR DEDUCTION APPLICABLE TO THE LAND INSURED HEREIN.

10. RIGHTS OF THE PUBLIC, THE STATE, THE COUNTY AND THE MUNICIPALITY IN AND TO THAT PART OF THE LAND TAKEN OR USED FOR ROAD PURPOSES.
11. RIGHTS OF WAY FOR DRAINAGE TILES, FEEDER AND LATERALS, IF ANY.
12. UNRECORDED LEASE MADE BY RAITT CORPORATION, LESSOR AND BURKHART ADVERTISING, INC., LESSEE, DATED MARCH 14, 2003, AS DISCLOSED IN AFFIDAVIT TO CONFIRM A LEASE FOR RECORDING PURPOSES RECORDED MARCH 11, 2015 AS DOCUMENT NO. 1534003694.

UNRECORDED LEASE AGREEMENT, BY AND BETWEEN RAITT CORPORATION, AS LANDLORD, AND XPO LOGISTICS FREIGHT, INC., AS TENANT, DATED JANUARY 1, 2022; AND LEASE AGREEMENT, BY AND BETWEEN RAITT CORPORATION, AS LANDLORD, AND LAMAR ADVERTISING COMPANY, SUCCESSOR AND ASSIGN OF BURKHART ADVERTISING, INC., AS TENANT, DATED JANUARY 9, 2015.

**Kreegar, Cynthia**

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**From:** LDD CONDOS <lddcondos8200@gmail.com>  
**Sent:** Tuesday, July 2, 2024 2:58 PM  
**To:** IDEM USTregistration  
**Subject:** FID#8333 Response to Violation Letter  
**Attachments:** XKO\_ST-PER Owner Chnage Notification (Signed)\_06-05-2024-093925.pdf; Special Warranty Deed (IN).pdf

\*\*\*\* This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. \*\*\*\*

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Good Afternoon

I hope this email finds you well.

The reason for my email is a response to a violation letter we received for Facility ID#8333. In the attached below I have attached State Form 45223 and the property deed.

Please let me know if anything else is missing and needs to be done.

I appreciate your time!

Thank you

--

**Kind Regards,  
Silvia Z.  
Property Account Manager**

**LEADER PROPERTIES LLC**

Office 708-526-2135

Cell 708-530-6045

[lddcondos8200@gmail.com](mailto:lddcondos8200@gmail.com)

[silvia@leaderpropertiesllc.com](mailto:silvia@leaderpropertiesllc.com)

