SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ 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: AC 06-39, 40, 41, AC 07-25  Graham McCahan  City of Chicago, Dept of Law	A. Signature  X
30 N. LaSalle St. Chicago, IL 60602	3. Service Type  Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.  4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Transfer from service label) 7008 1830 0003	9908 8543
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540