JRIGINAL	RECEIVED CLERK'S OFFICE NOV 0 1 2004 STATE OF ILLINOIS
<ul> <li>SENDER: COMPLETE THIS SECTION</li> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to: 10/21/04 B.M.</li> <li>PCB 2004-164</li> <li>Ms. Karen Grandt</li> <li>The Fields of Long Grove Home Owner's Association</li> <li>4624 RFD</li> <li>Long Grove, IL 60047</li> </ul>	A. Signature       Agent         A. Signature       Addressee         A. Signature       Addressee         B. Beceived by (Printed Name)       C. Date of Delivery         A. 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.
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1, If YES, enter delivery address below: LI No PCB 2004-164 Brendan T. McMahon One Prudential Plaza 130 E. Randolph Stre Service Type Suite 3800 🛙 Express Mail Registered Chicago, IL 6060 C Return Receipt for Merchandise Insured Mail 🗆 C.O.D. 4. Restricted Delivery? (Extra Fee) □ Yes 2, Article Number 7004 11 0 0005 4126 4018 (Transfer from service label) PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540 والمتعالمة المتحم الملك