



2520043384439

INVERNESS GOLF CLUB

December 29, 1992

Pension and Welfare Benefits  
Administration  
P.O. Box 75212  
Washington, D.C. 20013-5212

Re: Top Hat Plan Exemption

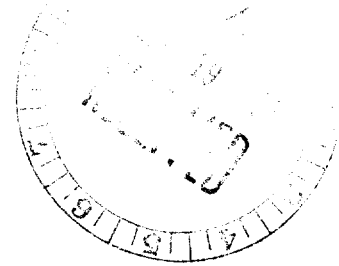
Dear Sir or Madam:

The purpose of this letter is to advise you in accordance with the Labor Department Regulation section 2520.104-23 that Inverness Golf Club 102 N. Roselle Rd. Palatine, IL 60067 maintains a plan for the purpose of providing deferred compensation for a select group of management or highly compensated employees. The plan covers approximately 1 employee. The employer identification number of Inverness Golf Club is 36-23064-01.

Very truly yours,

*Susan Gruenwald*  
Susan Gruenwald  
Controller

SG:mm

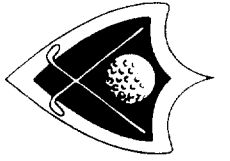


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26630



26/6/37



INVERNESS GOLF CLUB  
102 NORTH ROSELLE ROAD • PALATINE, ILLINOIS 60067-4802

Pension and Welfare Benefits  
Administration  
P.O. Box 75212  
Washington, D.C. 20013-5212

INVERNESS GOLF CLUB

VENDOR NUMBER	VENDOR NAME	CHECK DATE	CHECK NUMBER		
476	U.S. DEPT. OF LABOR/PENSION&WELFARE	12/29/92	11713		
INVOICE NUMBER	INVOICE DATE	REFERENCE	INVOICE AMOUNT	DISCOUNT	AMOUNT PAID
10001	12/28/92	PENALTY DEFERRED COM	1000.00 1000.00	.00 .00	1000.00 1000.00*

10001

# POST OFFICE TO ADDRESSEE EXPRESS MAIL

WEATHER SERVICE

FELLSVILLE PA

U.S. POSTAGE  
 9.95  
 PAID  
 DEC 30 '92  
 IL

<b>ORIGIN</b>	Date: M   D   Y	Postage: \$
Post Office ZIP Code	Time of Day	Return Receipt \$
Initials of Receiving Clerk	Weight lbs	Insurance \$
<b>ACCEPTANCE</b>	International Country Code	Total Postage & Fees \$
<input type="checkbox"/> Next Day Delivery	<input type="checkbox"/> Second Day Delivery	
<input type="checkbox"/> By 12 Noon	<input type="checkbox"/> By 3:00 PM	
<input type="checkbox"/> Military 2nd Day	<input type="checkbox"/> Military 3rd Day	
Express Mail Corporate Account No.	Federal Agency Account No.	

<b>DESTINATION</b>	Date of Delivery: M   D   Y	Time of Delivery: AM   PM
<input checked="" type="checkbox"/> Signature of Addressee or Agent	Date: M   D   Y	Time: AM   PM
<b>DELIVERY WAS ATTEMPTED</b>	Signature of Delivery Employee	
<b>Waiver of Signature and Indemnity (Domestic Only)</b>	I acknowledge that the signature of the addressee or the addressee's agent at the judgment of the delivery employee is not required for the delivery of this mail. I understand that the signature of the delivery employee will constitute valid proof of delivery.	

**ADDRESSER'S COPY**

**TO:**

Telephone Number:

Inverness Golf Club  
 102 N. Randall Road  
 Inverness, IL 60067

Washington, D.C. 20013-5211

For Postal Use

For Customer Use

SERVICE CENTER FOR MAIL DELIVERY