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P 333 322 599
RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

Sent to Oak Ridge/McGuire Partner (Limited Partnership)	
212 S. Tryon St., Suite 800	
P.O. State and ZIP Code Charlotte, NC 28281	
Postage	\$.56
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt (sending to whom postage delivered)	
Return Receipt (showing to whom Del. Rec. is sent)	.90
TOTAL Postage & Fees	\$ 2.21
Postmark	<i>1987 JUN 10 10:50</i>

PS Form 3800, June 1982 U.S.O.P.O. 1985-480-794

SENDER: Complete items 1, 2, 3 and 4.
 Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

1 Show to whom, date and address of delivery.
 2 Restricted Delivery.

3 Article Addressed to
**Oak Ridge/McGuire Partners
(Limited Partnership)
 212 S. Tryon St., Suite 800
 Charlotte, NC 28281**

4 Type of Service: Article Number
 Registered Insured Certified COD Express Mail P 333 322 599

Always obtain signature of addressee or agent and DATE DELIVERED.

5 Signature - Addressee
 X *[Signature]*

6 Signature - Agent
 X *[Signature]*

7 Date of Delivery
6/10/87

8 Addressee's Address (ONLY if requested and fee paid)
 # 3

PS Form 3871, July 1983 447-045 DOMESTIC RETURN RE

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