

EXHIBIT "A"

PS Form 3871, July 1983

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:
 Paul A. Leonard, Jr.
 John Crosland Co.
 145 Scaleybark Road
 Charlotte, NC 28209

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	P 142 267 753

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee
X Shelia K. Caldwell

6. Signature - Agent
 X

7. Date of Delivery
 - - -

8. Addressee Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

Recorded Aug 15, 1986 at 4:43 P/M

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