

## EXHIBIT A

PS Form 3811, July 1983 447-848

**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 boxes for service(s) requested.

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

3. Article Addressed to:  
Raymond V. Jones  
Suite 800, 212 S. Tryon St.  
Charlotte, NC 28281

4. Type of Service: Article Number  
 Registered  Insured  
 Certified  COD P 413 946 857  
 Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
X *Robert Dean*

6. Signature - Agent  
X

7. Date of Delivery  
8/14/86

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

DOMESTIC RETURN RECEIPT