

EXHIBIT A

PS Form 3811, July 1983 447345

**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:  
 - William F. Paulsen  
 Suite 800, 212 S. Tryon St.  
 Charlotte, NC 28281

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 413 946 858

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
 X *William F. Paulsen*

6. Signature - Agent  
 X

7. Date of Delivery  
 8/14/86

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

DOMESTIC RETURN RECEIPT