

PS Form 3811, July 1983 447-945

**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:  
 Mr. Joe Walton  
 Walton/Stout, Inc.  
 6863 Chapman Road  
 Lithonia, GA 30058

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	P414 128 744

Always obtain signature of addressee or agent for  
**DATE DELIVERED**

5. Signature of Addressee  
 *[Signature]*  
 6. Signature of Agent  
   
   
 7. Date of Delivery  
 12-9-84  
 8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

REcorded Dec. 17, 1986 at 3:21 P/M

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