

VOL 20 PA 1555

RECEIVED

PS Form 3800, June 1985

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:
 Oak Ridge/McGuire Partners
 (Limited Partnership)
 212 S. Tryon St., Suite 800
 Charlotte, NC 28281

4. Type of Service: Article Number
 Registered Insured P 333 322 553
 Certified COD
 Express Mail

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

5. Signature - Addressee
 X *S. Harkin*

6. Signature - Agent
 X

7. Date of Delivery
 4/21/87

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

DOMESTIC RETURN RECEIPT

P 333 322 553

RECEIPT FOR CERTIFIED MAIL

ADDITIONAL SERVICE FEES APPLY FOR INTERNATIONAL MAIL (See Reverse)

PS Form 3800, June 1985

* U.S.G.P.O. 1985-480-704

Sent: Oak Ridge/McGuire Partners
 (Limited Partnership)
 Street and No. 212 S. Tryon St., Suite 800
 P.O. State and ZIP Code Charlotte, NC 28281

Postage	5.90
Certified Fee	.63
Special Delivery Fee	.75
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing Date and Address of Delivery	.90
TOTAL Postage and Fees	7.58

Postmark of Date 4/21/87

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