

EXHIBIT A

VOL 20 1804

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 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 additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: Mr. Robert A. Deholl Leather, Walker, Todd & Mann Post Office Box 87 Greenville, South Carolina 29602	4. Article Number P-615 894 491 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail Always obtain signature of addressee or agent and DATE DELIVERED .
5. Signature - Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent <i>Paul Stewart</i>	
7. Date of Delivery AUG 31 1987	

PS Form 3811, Feb. 1986

DOMESTIC RETURN RECEIPT

Recorded Sept. 1, 1987 at 4:42 P.M.

11228