

James C. Mosley, Jr.

VCL 21 PAGE 195
ATTORNEY AT LAW
AND
COUNSELOR
P.O. BOX 829
12 EAST OUTLER AVENUE
MAULDEN, SOUTH CAROLINA 29662
TELEPHONE 803/288-3971

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Date: December 22, 1987

To: Dr. Richard W. Kemmerlin
1817 Woodruff Road
Greenville, South Carolina

Re: Certificate and Notice of Mechanics Lien
1817 Woodruff Road
Greenville, SC

Dear Dr. Kemmerlin:

Enclosed please find an affidavit and Notice and Certificate of Mechanics Lien concerning the above captioned action. This Notice is being served on you by certified mail in accordance with Rule 4 (D) (8), Rules of Civil Procedure, Code of Laws, State of South Carolina.

JCMjr/tkr
Enclosure
cc/Thurman R. Julit

<p>● 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.</p>	
1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address. (Extra charge)!	
2. <input type="checkbox"/> Restricted Delivery (Extra charge)!	
3. Article Addressed to: DR. RICHARD W. KEMMERLIN FAMILY PRACTICE 1817 WOODRUFF ROAD GREENVILLE, SC 29607	4. Article Number P 739 762 022 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" 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 Mrs. [Signature]	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X [Signature]	
Date of Delivery 12/29	
Form 3811, Mar. 1987	* U.S.G.P.O. 1987-178-268 DOMESTIC RETURN RECEIPT