

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. <input checked="" type="checkbox"/> Show to whom delivered, date, and addressee's address.		2. <input type="checkbox"/> Restricted Delivery.	
3. Article Addressed to: BALENGER GROUP, INC. P. O. Box 127 Greenville, SC 29602		4. Article Number P 733 481 514	
		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	
5. Signature - Addressee X		Always obtain signature of addressee or agent and DATE DELIVERED.	
6. Signature - Agent X <i>[Signature]</i>		8. Addressee's Address (ONLY if requested and fee paid)	
7. Date of Delivery MAR - 8 1988		<i>fee not paid</i>	

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

Recorded March 16, 1988 at 10:01 A/M

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