

Defendant	Date Served	Address	Acceptance
Heritage Federal S & L Assoc. Attn: Mortgage Loan Dept.	March 25, 1988	P.O. Box 369 Laurens, S.C. 29360	March 28, 1988
Southern Bell Telephone and Telegraph Co. Attn: Betty B. Hudgens	March 25, 1988	10 South Academy St. Greenville, S.C. 29601	March 29, 1988

Arrienne L. Taylor
Arrienne L. Taylor

SWORN to before me this
1st day of April, 1988.

William D. Walsh (I.S.)
Notary Public for South Carolina.
My Commission Expires: 11/1/88

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 (Extra charge)

3. Article Addressed to: Mrs. Nancy J. Godfrey 306 Vinewood Court Simpsonville, S.C. 29681	4. Article Number P 439 123 337 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 <i>[Signature]</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X <i>[Signature]</i>	
7. Date of Delivery 3/26/88	

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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. Thomas H. Godfrey, Jr. 500 Fairview Street, Apt. F2 Fountain Inn, S.C. 29644	4. Article Number P 439 123 335 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 <i>[Signature]</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X <i>[Signature]</i>	
7. Date of Delivery 3/31/88	

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT