

1418

P 809 797 758

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

Send to	Mr. Arthur Adams
Street and No.	P.O. Box 6807
P.O. State and ZIP Code	Greenville, SC 29606
Postage	✓ 65
Certified Fee	✓ 85
Special Delivery Fee	
Restricted Delivery Fee	✓ 200
Return Receipt showing to whom and Date Delivered	✓ 90
Return Receipt showing to whom Date, and Address of Return	
TOTAL Postage and Fees	440
Postmark or Date	1988

PS Form 3800, June 1985

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: Mr. Arthur Adams BB&T of S.C. P.O. Box 6807 Greenville, SC 29606	4. Article Number P 809 797 758
5. Signature - Addressee <i>Arthur Adams</i>	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
6. Signature - Agent <i>[Signature]</i>	Always obtain signature of addressee or agent and DATE DELIVERED.
7. Date of Delivery OCT 19 1988	8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Mar. 1987 \* U.S.G.P.O. 1987-178-288 DOMESTIC RETURN RECEIPT

Recorded Oct 24, 1988 at 4:14 P/M

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