

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: SOUTH CAROLINA NATIONAL BANK P. O. Box 969 Greenville, SC 29602 ATT: Kevin Short	4. Article Number P-615 894 414 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	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X <i>Charles Kayenbo</i>	
7. Date of Delivery 10-20-88	

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268 DOMESTIC RETURN RECEIPT

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3. Article Addressed to: Mr. Burt Fitzgerald FITZGERALD, McKEWON & ASSOCIATES, INC. P. O. Box 728 Greenville, SC 29602	4. Article Number P-615 894 416 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>B. Fitzgerald</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery OCT 20 1988	

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1. Show to whom delivered, date, and addressee's address. **2. Restricted Delivery (Extra charge)**

3. Article Addressed to: Mr. James V. Dunbar, Jr. Registered Agent for PIVRI US, INC. 1310 Lady Street, 5th Floor Columbia, SC 29201	4. Article Number P-615 894 415 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>James V. Dunbar, Jr.</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X <i>Charlotte Brown</i>	
7. Date of Delivery 10-20-88	

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268 DOMESTIC RETURN RECEIPT

Recorded Oct 25, 1988 at 11:11 A/M

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