

PS Form 3831, July 1982

• **SENDER:** Complete items 1, 2, 3, and 4.
Add your address in the "RETURN TO" space on reverse.
(CONSULT POSTMASTER FOR FEES)

1. The following service is requested (check one):
 Show to whom and date delivered
 Show to whom, date, and address of delivery

2. RESTRICTED DELIVERY
(The restricted delivery fee is charged in addition to the return receipt fee.)

TOTAL \$ _____

3. ARTICLE ADDRESSED TO:
B. C. C., INC.
3091 MAPLE DR., SUITE 300
ATLANTA, GA. 30305

4. TYPE OF SERVICE: ARTICLE NUMBER
 REGISTERED INSURED
 CERTIFIED COD
 EXPRESS MAIL

(Always obtain signature of addressee or agent)

I have received the article described above.
 SIGNATURE Addressee Authorized agent
Shanika Stanford

5. DATE OF DELIVERY _____

6. ADDRESSEE'S ADDRESS (pay if required)

7. UNABLE TO DELIVER BECAUSE: _____

7A. EMPLOYEE'S INITIALS _____

RETURN RECEIPT

U.S. POSTAGE

DEPT. OF COMMERCE

POSTMARK
(May be on reverse side)

4 GPO: 1982-379-593

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Recorded April 16, 1984 at 4:47 P/M

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