

EXHIBIT "A"

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 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 service(s) requested.

1. Show to whom, date and address of delivery.
 2. Restricted Delivery.

3. Article Addressed to:
 John Crosland, Jr.
 c/o John Crosland Co.
 145 Scaleybark Rd.
 Charlotte, NC 28209

4. Type of Service: Article Number
 Registered Insured P 142 267 750
 Certified COD
 Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X *Shirley K. Caldwell*

6. Signature - Agent
 X

7. Date of Delivery
 JUL 19 1983

8. Addressee Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT