

EXHIBIT A

PS Form 3811, JULY 1983 447-948

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 boxes for service(s) requested.

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

3. Article Addressed to:
Oak Ridge / McGuire Partners
Suite 800
212 S. Tryon Street
Charlotte, NC 28281

4. Type of Service: Article Number
 Registered Insured
 Certified COD P 413 946 856
 Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X *Dennis F. Payne*

6. Signature - Agent
X

7. Date of Delivery
8/14/86

8. Addressee's Address (ONLY if requested and fee paid)
3

DOMESTIC RETURN RECEIPT