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P 333 322 544  
 RECEIPT FOR CERTIFIED MAIL  
 NO ASSURANCE COVERAGE PROVIDED  
 USE FOR INTERNATIONAL MAIL  
 (See Reverse)

U.S.G.P.O. 1985-480-794  
 PS Form 3811, July 1983 447-845

Send to: **Oak Ridge/ McGuire Partners  
 Limited Partnership**  
**212 S. Tryon St., Suite 800**  
 P.O. Box and ZIP Code  
**Charlotte, NC 28281**

Postage	\$ 56
Center Fee	.75
Special Delivery Fee	
Registered Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom Date and Address of Delivery	.90
TOTAL Postage and Fees	\$ 2.21
Postmark or Date	

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**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:  
**Oak Ridge/McGuire Partners  
 Limited Partnership  
 212 S. Tryon St., Suite 800  
 Charlotte, NC 28281**

4. Type of Service: Article Number  
 Registered  Insured  
 Certified  COD **P 333 322 544**  
 Express Mail

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5 Signature - Addressee  
*[Signature]*

6 Signature - Agent  
 X

7 Date of Delivery  
**4/8/87**

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

DOMESTIC RETURN RECEIPT

10A18C33 2400A