

VOL 20 FAC 1553

P 333 322 552
RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

U.S.G.P.O. 1985-48D-794

PS Form 3800, June 1985

Send to First Union National Bank	
Street First Union Plaza	
P.O. State and ZIP Code Charlotte, NC 28288	
Postage	\$.90
Certified Fee	.75
Special Delivery Fee	
Restricted 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	\$ 2.55
Postmark or Date	153

PS Form 3811, July 1983 447-845

DOMESTIC RETURN RECEIPT

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.

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

3. Article Addressed to
**First Union National Bank
 First Union Plaza
 Charlotte, NC 28288**

4. Type of Service: Article Number
 Registered Insured
 Certified COD **P 333 322 552**
 Express Mail

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

5. Signature - Addressee
X

6. Signature of agent
X *[Signature]*

7. Date of Delivery
20

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

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