

EXHIBIT A

VOL 20 11/30/87

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 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 additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to: Mrs. Elizabeth B. Buchanan Carolina Market Research 1025 Woodruff Road Greenville, South Carolina 29607	4. Article Number P-615 955 974 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Addressee X <i>Elizabeth Buchanan</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery 8-31-87	

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

Recorded Sept 8, 1987 at 4.45 P.M.

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