

P 809 797 757

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Send to	Mr. Gray Walsh	
Street and No.	P.O. Box 10045	
P.O. State and ZIP Code	Greenville, SC 29603	
Postage	✓	65
Certified Fee	✓	85
Special Delivery Fee		
Restricted Delivery Fee	✓	200
Return Receipt showing to whom and Date Delivered	✓	90
Return Receipt showing Date and Address of Delivery	✓	90
TOTAL Postage		350
Postmark or Date	SEP 22 1988	

PS Form 3800, June 1985

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 (Extra charge)

3. Article Addressed to: Mr. Gray Walsh Love, Thornton, Arnold & Thomas P.O. Box 10045 Greenville, SC 29603	4. Article Number P 809 797 757
5. Signature - Addressee X S. Gray Walsh	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
6. Signature - Agent X	Always obtain signature of addressee or agent and DATE DELIVERED.
7. Date of Delivery 9/24/88	8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Mar. 1987 * U.S.G.P.O. 1987-178-268 DOMESTIC RETURN RECEIPT