

● **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. Restricted Delivery
 †(Extra charge) †(Extra charge)†

3. Article Addressed to: South Carolina National Bank P. O. Box 969 Greenville, SC 29605	4. Article Number P 809 788 526 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>SCN</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X <i>M. J. ...</i>	
7. Date of Delivery APR 10 1989	

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

Recorded April 18, 1989 at 3:55 P/M

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