

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. **1(Extra charge)!** 2. Restricted Delivery **1(Extra charge)!**

3. Article Addressed to: William R. Timmons, Jr. 417 East North Street Greenville, SC 29601	4. Article Number P-615 894 418 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	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X <i>Plutino</i>	
7. Date of Delivery 8-18-87	

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

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3. Article Addressed to: PIVRI US, INC. c/o James V. Dunbar, Jr. Registered Agent 1310 Lady St., 5th Floor Columbia, SC 29201	4. Article Number P-615 894 422 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>Lune Anderson</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery 8-21-89	

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1. Show to whom delivered, date, and addressee's address. **1(Extra charge)!** 2. Restricted Delivery **1(Extra charge)!**

3. Article Addressed to: SOUTH CAROLINA NATIONAL BANK P. O. Box 969 Greenville, SC 29602 ATT: Kevin Short	4. Article Number P-615 894 420 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	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent <i>Kevin Short</i>	
7. Date of Delivery 8-24-89	

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EXHIBIT "A"