

*Address* 127884

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—  
NOT FOR INTERNATIONAL MAIL

(See Reverse) *Post*

SENT TO *Publications Dept.*

STREET AND NO. *4000 Kenna Way*

P.O., STATE AND ZIP CODE *Wake Co. N.C.*

POSTAGE *S*

| CONSULT POSTMASTER FOR FEES              |                                                                     |          |   |
|------------------------------------------|---------------------------------------------------------------------|----------|---|
| OPTIONAL SERVICES                        | CERTIFIED FEE                                                       |          | C |
|                                          | SPECIAL DELIVERY                                                    |          | C |
|                                          | RESTRICTED DELIVERY                                                 |          | C |
|                                          | RETURN RECEIPT SERVICE                                              |          | C |
|                                          | SHOW TO WHOM AND DATE DELIVERED                                     |          | C |
|                                          | SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY                          |          | C |
|                                          | SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY            |          | C |
|                                          | SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY |          | C |
| TOTAL POSTAGE AND FEES                   |                                                                     | <i>S</i> |   |
| POSTMARK OR DATE <i>NOV 10 P.M. 1983</i> |                                                                     |          |   |

AUDITOR'S RECORDING NUMBER

DEC 1983

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

FORM REV 62 0048 (1-81)