SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A Signature Agent B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
David C. Higney Grant Konvalinka & Harrison, PC 633 Chestnut Street Suite 900, Republic Center Chattanooga, TN 37450-0900	
	3. Service Type Gertified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes