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. 1. Article Addressed to: COLL - 07 - 2007 - 0013 Elsie A. Faciane	A. Signature X. Dho
VP/Chief Legal Officer HCA Midwest Division 903 E. 104th Street, 5th Floor Kansas City, Missouri 64131	3. Service Type Control of the co
	4. Restricted Delivery? (Extra Fee)
PS Form 3811, February 2004 Domestic Retu	urn Receipt 102595-02-M-1540

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