SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  x Butch Sauerwein Agent Address  B. Replyed by Printed Name C. Date of Deliver Company C. Date of Deliver C. Date of Deliver Company C. Date of Deliver Company C. Date of Deliver C. Date
Mark Whitehead J.B. Hunt Trans 615 J.B. Hunt Corporate Drive Lowell, AR 72745	D. Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No
10 March 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3. Service Type  Certified Mail® □ Priority Mail Express™  Registered □ Return Receipt for Merchant  Insured Mail □ Collect on Delivery
	Certified Mail® Priority Mail Express™ Registered Return Receipt for Merchant
Lowell, AR 72745	Certified Mail® Priority Mail Express™ Registered Return Receipt for Merchant