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> <li>Article Addressed to:</li> </ul>	A. Signature  Agent  B. Aecelved by (Printed Name)  C. Date of De  D. Is delivery address different from item 1?  Yes  If YES, enter delivery address below:
David Hawkins General Counsel 225 Schilling Blvd, Suite 300 Collierville, Tennessee 38017	3. Service Type    Certified Mail   Express Mail     Registered   Return Receipt for Merchan     Insured Mail   C.O.D.
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