

SENDER: COMPLETE THIS SECTION

- 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: 3/15
 Prison Health Services
 105 Westpark Drive
 Suite 200
 Brentwood, TN 37027

cc'd 05-1236

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
[Signature] Address

B. Received by (Printed Name) C. Date of Delivery
 Lisa A Smith 3-15-05

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
 (Transfer from service label)

