

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <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>	<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;">Prison Health Services                  Attn: Kim Jay                  105 West Park Drive, Suite 200                  Brentwood, TN 37027</p> <p style="text-align: center; font-size: 2em; margin-top: 20px;">07CV332</p>	<p>B. Received by (Printed Name)                  M. Shaver</p>	<p>C. Date of Delivery                  1/2/07</p>
<p>2. Article Number                  (Transfer from service label)</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes                  If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail    <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered    <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail    <input type="checkbox"/> C.O.D.</p>	
	<p>4. Restricted Delivery? (Extra Fee)    <input type="checkbox"/> Yes</p>	
<p>7005 1160 0001 2962 0877</p>		
<p>PS Form 3811, February 2004    Domestic Return Receipt    102595-02-M-1540</p>		