

**Acknowledgment of Receipt for the
MEMPHIS FURNITURE GROUP WELFARE BENEFIT PLAN
Summary Plan Description**

Each plan participant must acknowledge their receipt of the Welfare Benefit Plan Summary Plan Description by filling in the information and signing below. Please return to MEMPHIS FURNITURE GROUP LLC.

I _____ (name of plan participant) acknowledge receipt of the Memphis Furniture Group Welfare Benefit Plan Summary Plan Description.

Signed: _____

Date: _____