

RECEIPT AND RELEASE

FOR AND IN CONSIDERATION of the sum of Thirty-Five Thousand and No/100ths Dollars (\$35,000.00), cash in hand paid, the receipt of which is hereby acknowledged, I, KEVIN D. CHANDLER, do hereby fully, completely, and finally release, discharge and acquit KR Freight Solutions, Inc., Employer, Bridgefield Casualty Insurance Company, Carrier, and Summit, Inc., third party administrator, their subsidiaries, agents, servants and employees, from any and all claims, demands, actions, suits, damages and causes of action which I may now or hereafter have under the terms of the Mississippi Workers' Compensation Law, and including all claims for damages, including punitive or extra-contractual damages, on account of my sustaining personal injuries and damages on October 21, 2022. It is further understood that this payment has heretofore been approved by the Mississippi Workers' Compensation Commission and is accepted by me in full and complete settlement, compromise, accord and satisfaction of all claims, demands, actions, suits, damages and causes of action that I may now or hereafter have because of said accidental injuries, against said Employer and Carrier and entities named herein, and their agents, servants and employees.

For the same consideration aforesaid, the undersigned does hereby covenant and agree to indemnify and hold harmless KR Freight Solutions, Inc., Employer, Bridgefield Casualty Insurance Company, Carrier, and Summit, Inc., third party administrator, their subsidiaries, agents, servants and employees, from any claims regarding any medical bills or expenses of any kind or nature arising out of the aforesaid accident which have been paid or will be paid by Medicare, Medicaid or the Mississippi Workers' Compensation Commission or any like or similar government organization or by any other person or entity whatsoever, public or private, that has a right to claim for

reimbursement or payment of said medical bills or expenses from the parties being released hereby. The undersigned further agrees to indemnify and hold harmless the parties hereby released from any claims, costs and expenses, including attorney's fees for any claims made by any person or entity against the parties hereby released for payment or reimbursement of such medical bills and expenses.

If any provision of this Release is held to be invalid or unenforceable, all remaining provisions will continue in full force and effect.

WITNESS MY SIGNATURE this the _____ day of 4/19/2024, 2024.

DocuSigned by:

Kevin D. Chandler

KEVIN D. CHANDLER, *Claimant*
MWCC No. 2209034

STATE OF MISSISSIPPI

COUNTY OF Shelby

THIS DAY PERSONALLY APPEARED BEFORE ME, the undersigned authority in and for the County and State, the within named KEVIN D. CHANDLER, who acknowledged that he did sign and execute the above and foregoing Receipt and Release on the day and date therein mentioned and for the intent and purposes therein expressed.

DocuSigned by:
Kevin D. Chandler

KEVIN D. CHANDLER, *Claimant*

SWORN TO AND SUBSCRIBED BEFORE ME this the 4/19/2024 day of April, 2024.

[Signature]
NOTARY PUBLIC

My Commission Expires:

11/13/27

(SEAL)



OF COUNSEL:
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