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:

Clover Trust 1997-1
(c/o: Tosco/Prop TX DC17)
PO Box 52085
Phoenix, AZ 85072

000219

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X JEANETTE ROSEBERRY ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* | C. Date of Delivery MAR 2 3 2015

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)* 7009 2820 0001 4359 8426

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540