

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

7009 2820 0001 4359 5692

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total F</b>	

Postmark  
Here

Sent To  
Street,  
or P.O. #  
City, St.

CLOVER TRUST 1997-1  
 C/O CIRCLE K COMPANY  
 P.O. BOX 52085  
 PHOENIX, AZ 85072

8/19  
 RD  
 920

PS Form 3811, February 2004 Instructions

**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 CIRCLE K COMPANY  
 P.O. BOX 52085  
 PHOENIX, AZ 85072

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
**X JEANETTE ROSEBERRY**  Agent  Addressee

B. Received by (*Printed Name*) \_\_\_\_\_ C. Date of Delivery  
 \_\_\_\_\_ **AUG 21 2014**

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

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 **7009 2820 0001 4359 5692**  
 (Transfer from service label)