

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ 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. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Ben Sandoz</i> C. Date of Delivery JAN 29 2018</p>
<p>1. Article Address</p> <p>Clover Trust 1997-1 c/o Tosco Corp. PO Box 52085 Phoenix, AZ 85072</p>	<p>Address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>delivery address below: <input type="checkbox"/> No</p> <p>D. 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>2. Article Number (Transfer from service label) 7011 3500 0003 1935 2341</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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

For delivery information visit our website at www.usps.com

OFFICIAL

Postage \$ _____
Certified Fee _____
Return Receipt Fee (Endorsement Receipt) _____
Restricted Delivery (Endorsement) _____

**Clover Trust 1997-1
c/o Tosco Corp.
PO Box 52085
Phoenix, AZ 85072**

7011 3500 0003 1935 2341

City, State, ZIP+4® **000058**

PS Form 3811, August 2006 See Reverse for Instructions