

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

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

OFFICIAL USE

7009 2820 0001 4359 8563

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

70203
 Postmark Here

CLOVER TRUST 1997-1
 C/O CIRCLE R CO #U-0746
 PO BOX 52085
 PHOENIX, AZ 85072

St
 or
 Ci

PS Form 3811, August 2009 See Reverse for 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 R CO #U-0746
 PO BOX 52085
 PHOENIX, AZ 85072

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

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

B. Received by (Printed Name) C. Date of Delivery
 NOV 02 2015

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

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