

People Fund - POOS - 2009 -0105 Forma 990

EXHIBIT 2

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> <li>Dept of Treasury Tatemal Revenue Ser</li> </ul>	A. Signature	
	B. Received by ( Printed Name) C. Date of Delivery	
	D. Is delivery address different from item 1? Ses If YES, enter delivery address below: No	
	*	
Laternal nevenue Su		
Ogden UT 84201.0027	3. Service Type         Certified Mail         Registered         Return Receipt for Merchandise         Insured Mail         C.O.D.	
	4. Restricted Delivery? (Extra Fee)	
2. Article Number 7004 28 (Transfer from service label)	90 0001 8017 4823	
PS Form 3811, February 2004 Domestic Re	etum Receipt 102595-02-M-1540	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse	X RECEIVED	
<ul> <li>so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	B. Received by (Printed Nume) C. Date of Delivery	
. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No	
Dept of Treasury Enternal Revenue Ser		
TWIELDUI HEABUILE DEA		
Jyden UT 84201 002"	Registered     Return Receipt for Merchandise	
	Insured Mail C.O.D.     A. Restricted Delivery? (Extra Fee) Yes	
. Article Number 7004 2	An open street of the street o	
	etum Receipt 102595-02-M-1540	
ENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse	X RECEIVED Agent	
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.	B. Received by ( <i>Printed Name</i> ) C. Date of Delivery	
Article Addressed to:	D. Is delivery address different from item ?  Yes If YES, enter delivery address below:  No	
Sept of Trensury Enternal Revenue Ser		
Jaden UT SHADI DOD	3. Service Type	
	Service type     Certified Mail    Express Mail     Registered    Return Receipt for Merchandise     Insured Mail    C.O.D.	
	D H	
1	4. Hestricted Delivery? (Extra Fee)	
Article Number (Transfer from service label) 7004 285 Form 3811, February 2004		