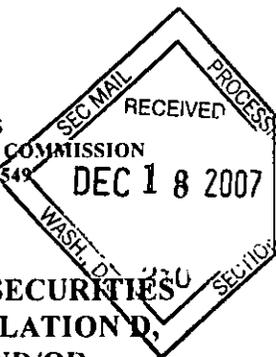


1322734

FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549



OMB APPROVAL table with OMB Number: 3235-0076, Expires: April 30, 2008, Estimated average burden: 16.00

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY table with Prefix, Serial, and DATE RECEIVED fields

Name of Offering () check if this is an amendment and name has changed, and indicate change.)

ADVANCED LIFE SCIENCES HOLDINGS, INC.

Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE

Type of Filing: New Filing Amendment

A. BASIC IDENTIFICATION DATA



1. Enter the information requested about the issuer

Name of Issuer () check if this is an amendment and name has changed, and indicate change.)

ADVANCED LIFE SCIENCES HOLDINGS, INC.

Table with columns for Address of Executive Offices, Telephone Number, Address of Principal Business Operations, Telephone Number, Same as Executive Offices, Brief Description of Business

Early stage pharmaceutical development company

Type of Business Organization

- corporation limited partnership, already formed other (please specify) business trust limited partnership, to be formed

PROCESSED DEC 31 2007 THOMSON FINANCIAL

Actual or Estimated Date of Incorporation or Organization: Month Year Actual Estimated

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:)

CN for Canada; FN for other foreign jurisdiction

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer.
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Flavin, Michael T.

Business or Residence Address (Number and Street, City, State, Zip Code)

1440 Davey Road, Woodridge, IL 60517

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Flavin, John L.

Business or Residence Address (Number and Street, City, State, Zip Code)

1440 Davey Road, Woodridge, IL 60517

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Wieland II, R. Richard

Business or Residence Address (Number and Street, City, State, Zip Code)

1440 Davey Road, Woodridge, IL 60517

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Flavin, Patrick W.

Business or Residence Address (Number and Street, City, State, Zip Code)

1440 Davey Road, Woodridge, IL 60517

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Sagraves, Rosalie

Business or Residence Address (Number and Street, City, State, Zip Code)

1440 Davey Road, Woodridge, IL 60517

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director

Full Name (Last name first, if individual)

Thornton, Thomas V.

Business or Residence Address (Number and Street, City, State, Zip Code)

1440 Davey Road, Woodridge, IL 60517

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Osborn, Terry W.

Business or Residence Address (Number and Street, City, State, Zip Code)

1440 Davey Road, Woodridge, IL 60517

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

A-BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer.
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Meadow, Scott F.

Business or Residence Address (Number and Street, City, State, Zip Code)

1440 Davey Road, Woodridge, IL 60517

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Odlaug, Theron E.

Business or Residence Address (Number and Street, City, State, Zip Code)

1449 Davey Road, Woodridge, IL 60517

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Reck, Richard A.

Business or Residence Address (Number and Street, City, State, Zip Code)

1440 Davey Road, Woodridge, IL 60517

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Rubinstein, Israel

Business or Residence Address (Number and Street, City, State, Zip Code)

1440 Davey Road, Woodridge, IL 60517

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

B. INFORMATION ABOUT OFFERING

1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Yes No

Answer also in Appendix, Column 2, if filing under ULOE.

2. What is the minimum investment that will be accepted from any individual? \$ 9,223.00 *

3. Does the offering permit joint ownership of a single unit? Yes No

4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.

Full Name (Last name first, if individual)

Lazard Freres & Co. LLC

Business or Residence Address (Number and Street, City, State, Zip Code)

30 Rockefeller Plaza, New York, NY 10020-5900

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) All States

| | | | | | | | | | | | | |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> AL | <input type="checkbox"/> AK | <input type="checkbox"/> AZ | <input type="checkbox"/> AR | <input type="checkbox"/> CA | <input type="checkbox"/> CO | <input type="checkbox"/> CT | <input type="checkbox"/> DE | <input type="checkbox"/> DC | <input type="checkbox"/> FL | <input type="checkbox"/> GA | <input type="checkbox"/> HI | <input type="checkbox"/> ID |
| <input type="checkbox"/> IL | <input type="checkbox"/> IN | <input type="checkbox"/> IA | <input type="checkbox"/> KS | <input type="checkbox"/> KY | <input type="checkbox"/> LA | <input type="checkbox"/> ME | <input type="checkbox"/> MD | <input type="checkbox"/> MA | <input type="checkbox"/> MI | <input type="checkbox"/> MN | <input type="checkbox"/> MS | <input type="checkbox"/> MO |
| <input type="checkbox"/> MT | <input type="checkbox"/> NE | <input type="checkbox"/> NV | <input type="checkbox"/> NH | <input type="checkbox"/> NJ | <input type="checkbox"/> NM | <input type="checkbox"/> NY | <input type="checkbox"/> NC | <input type="checkbox"/> ND | <input type="checkbox"/> OH | <input type="checkbox"/> OK | <input type="checkbox"/> OR | <input type="checkbox"/> PA |
| <input type="checkbox"/> RI | <input type="checkbox"/> SC | <input type="checkbox"/> SD | <input type="checkbox"/> TN | <input type="checkbox"/> TX | <input type="checkbox"/> UT | <input type="checkbox"/> VT | <input type="checkbox"/> VA | <input type="checkbox"/> WA | <input type="checkbox"/> WV | <input type="checkbox"/> WI | <input type="checkbox"/> WY | <input type="checkbox"/> PR |

Full Name (Last name first, if individual)

Susquehanna Financial Group, LLLP

Business or Residence Address (Number and Street, City, State, Zip Code)

401 City Avenue, Suite 220, Bala Cynwyd, PA 19004-112

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) All States

| | | | | | | | | | | | | |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> AL | <input type="checkbox"/> AK | <input type="checkbox"/> AZ | <input type="checkbox"/> AR | <input type="checkbox"/> CA | <input type="checkbox"/> CO | <input type="checkbox"/> CT | <input type="checkbox"/> DE | <input type="checkbox"/> DC | <input type="checkbox"/> FL | <input type="checkbox"/> GA | <input type="checkbox"/> HI | <input type="checkbox"/> ID |
| <input type="checkbox"/> IL | <input type="checkbox"/> IN | <input type="checkbox"/> IA | <input type="checkbox"/> KS | <input type="checkbox"/> KY | <input type="checkbox"/> LA | <input type="checkbox"/> ME | <input type="checkbox"/> MD | <input type="checkbox"/> MA | <input type="checkbox"/> MI | <input type="checkbox"/> MN | <input type="checkbox"/> MS | <input type="checkbox"/> MO |
| <input type="checkbox"/> MT | <input type="checkbox"/> NE | <input type="checkbox"/> NV | <input type="checkbox"/> NH | <input type="checkbox"/> NJ | <input type="checkbox"/> NM | <input type="checkbox"/> NY | <input type="checkbox"/> NC | <input type="checkbox"/> ND | <input type="checkbox"/> OH | <input type="checkbox"/> OK | <input type="checkbox"/> OR | <input type="checkbox"/> PA |
| <input type="checkbox"/> RI | <input type="checkbox"/> SC | <input type="checkbox"/> SD | <input type="checkbox"/> TN | <input type="checkbox"/> TX | <input type="checkbox"/> UT | <input type="checkbox"/> VT | <input type="checkbox"/> VA | <input type="checkbox"/> WA | <input type="checkbox"/> WV | <input type="checkbox"/> WI | <input type="checkbox"/> WY | <input type="checkbox"/> PR |

Full Name (Last name first, if individual)

CRT Capital Group LLC

Business or Residence Address (Number and Street, City, State, Zip Code)

262 Harbor Drive, Stamford, CT 06902

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) All States

| | | | | | | | | | | | | |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> AL | <input type="checkbox"/> AK | <input type="checkbox"/> AZ | <input type="checkbox"/> AR | <input type="checkbox"/> CA | <input type="checkbox"/> CO | <input type="checkbox"/> CT | <input type="checkbox"/> DE | <input type="checkbox"/> DC | <input type="checkbox"/> FL | <input type="checkbox"/> GA | <input type="checkbox"/> HI | <input type="checkbox"/> ID |
| <input type="checkbox"/> IL | <input type="checkbox"/> IN | <input type="checkbox"/> IA | <input type="checkbox"/> KS | <input type="checkbox"/> KY | <input type="checkbox"/> LA | <input type="checkbox"/> ME | <input type="checkbox"/> MD | <input type="checkbox"/> MA | <input type="checkbox"/> MI | <input type="checkbox"/> MN | <input type="checkbox"/> MS | <input type="checkbox"/> MO |
| <input type="checkbox"/> MT | <input type="checkbox"/> NE | <input type="checkbox"/> NV | <input type="checkbox"/> NH | <input type="checkbox"/> NJ | <input type="checkbox"/> NM | <input type="checkbox"/> NY | <input type="checkbox"/> NC | <input type="checkbox"/> ND | <input type="checkbox"/> OH | <input type="checkbox"/> OK | <input type="checkbox"/> OR | <input type="checkbox"/> PA |
| <input type="checkbox"/> RI | <input type="checkbox"/> SC | <input type="checkbox"/> SD | <input type="checkbox"/> TN | <input type="checkbox"/> TX | <input type="checkbox"/> UT | <input type="checkbox"/> VT | <input type="checkbox"/> VA | <input type="checkbox"/> WA | <input type="checkbox"/> WV | <input type="checkbox"/> WI | <input type="checkbox"/> WY | <input type="checkbox"/> PR |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

| Type of Security | Aggregate Offering Price | Amount Already Sold |
|---|---|-------------------------|
| Debt | \$ 0.00 | \$ 0.00 |
| Equity | \$ 19,363,057.25 | \$ 19,363,057.25 |
| | <input checked="" type="checkbox"/> Common <input type="checkbox"/> Preferred | |
| Convertible Securities (including warrants) | \$ 636,942.75 | \$ 636,942.75 |
| Partnership Interests | \$ 0.00 | \$ 0.00 |
| Other (Specify _____) | \$ 0.00 | \$ 0.00 |
| Total | \$ 20,000,000.00 | \$ 20,000,000.00 |

Answer also in Appendix, Column 3, if filing under ULOE.

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."

| | Number Investors | Aggregate Dollar Amount of Purchases |
|--|------------------|--------------------------------------|
| Accredited Investors | 26 | \$ 20,000,000.00 |
| Non-accredited Investors | 0 | \$ 0 |
| Total (for filings under Rule 504 only) | N/A | \$ N/A |

Answer also in Appendix, Column 4, if filing under ULOE.

3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.

| Type of Offering | Type of Security | Dollar Amount Sold |
|--------------------|------------------|--------------------|
| Rule 505 | N/A | \$ N/A |
| Regulation A | N/A | \$ N/A |
| Rule 504 | N/A | \$ N/A |
| Total | | \$ N/A |

4 a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

| | | |
|---|-------------------------------------|------------------------|
| Transfer Agent's Fees | <input checked="" type="checkbox"/> | \$ 1,000.00 |
| Printing and Engraving Costs | <input checked="" type="checkbox"/> | \$ 4,000.00 |
| Legal Fees | <input checked="" type="checkbox"/> | \$ 75,000.00 |
| Accounting Fees | <input checked="" type="checkbox"/> | \$ 45,000.00 |
| Engineering Fees | <input checked="" type="checkbox"/> | \$ 0.00 |
| Sales Commissions (specify finders' fees separately) | <input checked="" type="checkbox"/> | \$ 0.00 |
| Other Expenses (identify) <u>placement agent fees</u> | <input checked="" type="checkbox"/> | \$ 1,800,000.00 |
| Total | <input checked="" type="checkbox"/> | \$ 1,925,000.00 |

*This is a continuous offering with no limit as to the aggregate offering amount.

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the “adjusted gross proceeds to the issuer.”

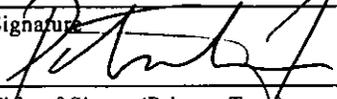
\$ 18,075,000.00

5. Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.

| | Payments to Officers, Directors, & Affiliates | Payments to Others |
|--|--|--|
| Salaries and fees | <input checked="" type="checkbox"/> \$ 0.00 | <input checked="" type="checkbox"/> \$ 0.00 |
| Purchase of real estate..... | <input checked="" type="checkbox"/> \$ 0.00 | <input checked="" type="checkbox"/> \$ 0.00 |
| Purchase, rental or leasing and installation of machinery and equipment | <input checked="" type="checkbox"/> \$ 0.00 | <input checked="" type="checkbox"/> \$ 0.00 |
| Construction or leasing of plant buildings and facilities | <input checked="" type="checkbox"/> \$ 0.00 | <input checked="" type="checkbox"/> \$ 0.00 |
| Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger) | <input checked="" type="checkbox"/> \$ 0.00 | <input checked="" type="checkbox"/> \$ 0.00 |
| Repayment of indebtedness | <input checked="" type="checkbox"/> \$ 0.00 | <input checked="" type="checkbox"/> \$ 0.00 |
| Working capital..... | <input checked="" type="checkbox"/> \$ 0.00 | <input checked="" type="checkbox"/> \$ 18,075,000.00 |
| Other (specify): | <input checked="" type="checkbox"/> \$ 0.00 | <input checked="" type="checkbox"/> \$ 0.00 |
| | <input checked="" type="checkbox"/> \$ 0.00 | <input checked="" type="checkbox"/> \$ 0.00 |
| | <input checked="" type="checkbox"/> \$ 0.00 | <input checked="" type="checkbox"/> \$ 0.00 |
| Column Totals | <input checked="" type="checkbox"/> \$ 0.00 | <input checked="" type="checkbox"/> \$ 18,075,000.00 |
| Total Payments Listed (column totals added) | <input checked="" type="checkbox"/> \$ 18,075,000.00 | |

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

| | | |
|---|---|---------------------------|
| Issuer (Print or Type) ADVANCED LIFE SCIENCES HOLDINGS, INC. | Signature  | Date December 13, 2007 |
| Name of Signer (Print or Type) Patrick W. Flavin | Title of Signer (Print or Type) Chief Legal Counsel | |

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)


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[Track/History](#)
[Address Book](#)
[Preferences](#)
[Fast Ship](#)
[Reports](#)
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Your Shipment Details:

| | | | |
|---------------------------|--|---------------------------------------|--------------------------------------|
| Ship to: | Reg. D Filing Desk Securities and Exchange Commission 450 Fifth Street N.W. Washington, DC 20549 US (202) 551-8090 | Package type: | FedEx Envelope |
| | | Pickup/Drop Off: | give to scheduled courier at my loca |
| | | Weight: | 1 LBS |
| | | Dimensions: | 0 x 0 x 0 in |
| | | Declared value: | 0 USD |
| | | Shipper account number: | 60612110 |
| | | Bill transportation to: | 60612110 |
| From: | Carolyn Perry Winston & Strawn LLP 35 West Wacker Drive Chicago, IL 60601 US 3125585440 | Courtesy rate quote:* | 11.26 |
| | | Discounted variable % | |
| | | Cod amount | |
| | | Special services: | |
| | | Shipment Purpose: | |
| | | Shipment type: | Express |
| Tracking no: | 790897646490 | Commercial/Residential Status: | Commercial |
| Your reference: | 6320.2 ALS | | |
| Department number: | 14490 | | |
| Ship date: | Dec 17 2007 | | |
| Service type: | Standard Overnight | | |

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Please note

*The courtesy rate shown here may be different than the actual charges for your shipment. Differences may occur based on actual weight, dimensions, and other factors. Consult the applicable [FedEx Service Guide](#) or the FedEx Rate Sheets for details on how shipping charges are calculated.

FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdirection, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim.

Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the goods, is limited to the lesser of the actual value of the goods, the value of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the lesser of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value, e.g., jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits. Consult the applicable FedEx Service Guide for details.

END