

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:

FIFRA-07-2010-0004

Chemical Packaging Corporation
Attn: Brian Parliment
2700 S.W. 14th Street
Pompano, Florida 33069

2. Article Number
(Transfer from service label)

7006 2760 0000 8647 6999

PS Form 3811, February 2004

Domestic Return Receipt

102585-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 Addressee
Cathy Mone
- B. Received by (Printed Name) C. Date of Delivery
Daisy Mone 4/5/10
- D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes