

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. 	A. Signature <input checked="" type="checkbox"/> <i>Chris Lord</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <p style="font-size: 1.5em; margin-left: 20px;"><i>FIFRA-07-2010-0032</i></p> <p style="margin-left: 20px;">Kenneth W. Jones Vice President, Operations Brenntag Mid-South, Inc. 1405 Highway 136 West, P.O. Box 20 Henderson, Kentucky 42419-0020</p>	B. Received by (Printed Name) <i>Chris Lord</i>	C. Date of Delivery
2. Article Num (Transfer from) <i>7006 2760 0000 8646 9694</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <p style="text-align: center; font-size: 2em; margin-top: 20px;"><i>20</i></p>	
PS Form 3811, February 2004	3. Service Type <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.	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes