

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

7006 2760 0000 8651 6923

| | | |
|----------------------------------------------|-----------------------------|------------------|
| Postage | \$ | Postmark Here |
| Certified Fee | | |
| Return Receipt Fee (Endorsement Required) | | |
| Restr (Endor): | William J. Brinkman | |
| Total | PBI-Gordon Corporation | |
| Sent to: | 1217 West 12th Street | |
| Street, or PO box | Kansas City, Missouri 64101 | |
| City, State, ZIP+4 | | |

PS Form 3800, August 2006 See Reverse for Instructions

| 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. | <p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>A. Rodriguez</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>A. Rodriguez 09-19-08</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p> |
| <p>1. Article Addressed to:</p> <p><i>FIFRA-07-2008-0032</i></p> <p>William J. Brinkman PBI-Gordon Corporation 1217 West 12th Street Kansas City, Missouri 64101</p> | <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> |
| <p>2. Article Num (Transfer fr)</p> <p>7006 2760 0000 8651 6923</p> | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |