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CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE

Postage	\$	5/24/10
Certified Fee		
Return Receipt Fee		

Postmark Here

Kathryn Ingram, Regulatory Specialist
Ashland Chemical, Inc.
7910 Baymeadows Way, Suite 100
Jacksonville, FL 32256
Docket NO.: FIFRA-08-2010-0011

PS Form 3800, June 2002 See Reverse for Instructions

7005 1820 0005 4855 8992

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>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>Kathryn Ingram, Regulatory Specialist Ashland Chemical, Inc. 7910 Baymeadows Way, Suite 100 Jacksonville, FL 32256 Docket NO.: FIFRA-08-2010-0011</p> </div> <p style="font-size: 2em; font-weight: bold; margin-left: 20px;">A</p> <p style="font-size: 1.5em; margin-left: 100px;">MAY 25 2010</p> <p>2. Article Number (7r) 7005 1820 0005 4855 8992</p>	<p>A. Signature</p> <p><input checked="" type="checkbox"/> <i>Chelas</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p style="text-align: center; font-size: 1.2em;">MAY 28 2010</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <p><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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102</p>	