

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:

RRPA-07-2011-0015

James B. Allen, Corporate Counsel
 E. I. du Pont de Nemours and Company
 Legal - D-7084
 1007 Market Street
 Wilmington, DE 19898

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Jan Waldmann* Agent Addressee

B. Received by (Printed Name) *Lisa Wiedenhorn* C. Date of Delivery

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 O.D.D.
 4. Restricted Delivery? (Extra Fee) Yes

2. Article Number 7006 2760 0000 8645 3563
 (Transfer from service)

PS Form 3811, February 2004 Domestic Return Receipt 10296-02-000-1540