

7005 1820 0005 4855 7575

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com).

**OFFICIAL USE**

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

10/30/07

Postmark  
Here

Total Post: **Stanley H. Abramson**  
Attn: Fox LLP  
1050 Connecticut Avenue, NW  
Washington, DC 20036-5339

Send To: \_\_\_\_\_  
Street, Apt. 1 \_\_\_\_\_  
or PO Box # \_\_\_\_\_  
City, State, ZIP \_\_\_\_\_  
**DOCKET NO.: FIFRA-08-2007-0014**

PS Form 3811, June 2004

See Reverse for Instructions

**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: **AC** **E**

**Stanley H. Abramson**  
Attn: Fox LLP  
1050 Connecticut Avenue, NW  
Washington, DC 20036-5339

**DOCKET NO.: FIFRA-08-2007-0014**

**OCT 31 2007**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: **[Signature]**  Agent  Addressee

B. Received by (Printed Name): **[Signature]**

C. Date of Delivery: **11/2/07**

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below: \_\_\_\_\_

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article No. (Transfer) **7005 1820 0005 4855 7575**

**Order**