

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 mail piece, or on the front if space permits.

1. Article Addressed to:

John L. Chrosniak
 DuPont Crop Protection
 Stine-Haskell Research Center
 PO Box 30 Elkton Road
 Newark, DE 19714-0030

2. Article Number

(Transfer from service label)

7001 0320 0005 8932 8969

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

JAMES RICHARDSON 11/16/06

C. Signature

[Handwritten Signature]
 Agent
 Addressee

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

FIFRA-05-2007-0005

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**

(D) Sonja Brooks-Woodard E-13J

FIFRA-05-2007-0005

Postage	\$ 87
Certified Fee	240
Return Receipt Fee (Endorsement Required)	185
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 512



Sent To John L. Chrosniak
 DuPont Crop Protection
 Street, Apt. No., or PO Box No. Stine-Haskell Research Center
 PO Box 30 Elkton Road
 City, State, ZIP+4 Newark, DE 19714-0030

PS Form 3800, January 2001

See Reverse for Instructions

7001 0320 0005 8932 8969