

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

7099 3220 0002 0734 3258

Article Sent To:

[Empty box for Article Sent To]

Postage	\$	Postmark
Certified Fee		

Return Receipt*
 (Endorsement Rec)

Restricted Deliver
 (Endorsement Rec)

Total Postage &

C T Corporation System
 Registered Agent for Howard Johnson's
 Enterprises, Inc.
 120 South Central Avenue
 Clayton, MO 63105

Name (Please Print) _____
 Street, Apt. No.; _____
 City, State, ZIP+ 4 _____

PS Form 3800, July 1999 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:

C T Corporation System
 Registered Agent for Howard Johnson's
 Enterprises, Inc.
 120 South Central Avenue
 Clayton, MO 63105

COMPLETE THIS SECTION ON DELIVERY

A. Signature X *[Signature]* Agent Addressee

B. Received by (Printed Name) _____ C. Date of Delivery 10-19-06

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

POST Rec'd OCT 23 2006

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number 7099 3220 0002 0734 3258
 (Transfer from service label)

Docket # FIFRA-07-2007-0002

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 120 South Central Avenue
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2. Article Number
 (Transfer from service label)

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A. Signature Agent
 Addressee

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POST Rec'd OCT 23 2006

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, February 2004

Domestic Return Receipt

102595-02-M-1540

Docket # FIFRA-07-2007-0002