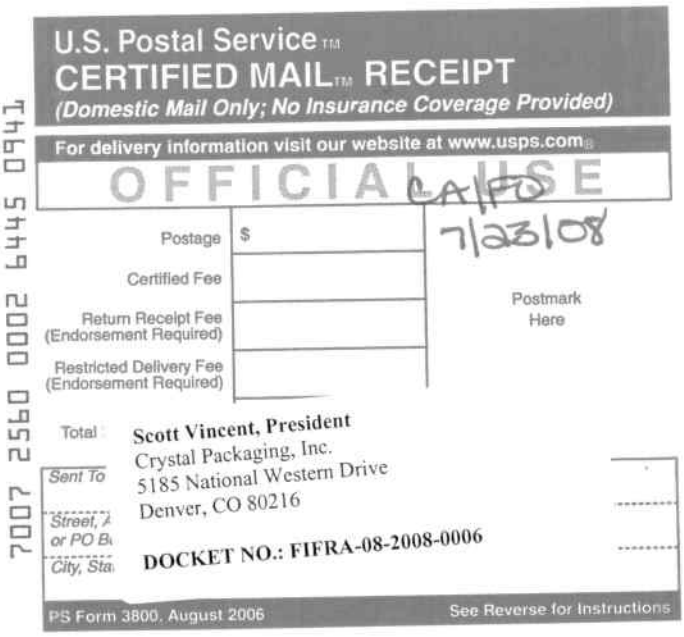


U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

7007 2560 0002 6445 0941

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

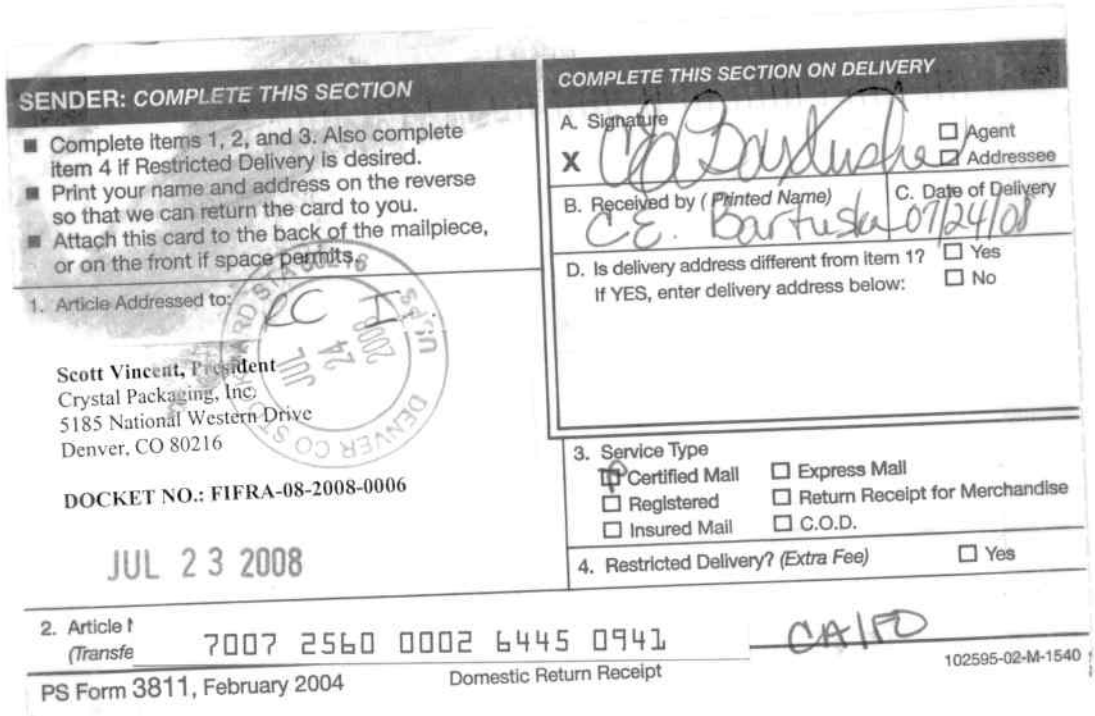
CAIFD
7/23/08
Postmark Here

Sent To
Street, Apt. or PO Box
City, State

Scott Vincent, President
Crystal Packaging, Inc.
5185 National Western Drive
Denver, CO 80216

DOCKET NO.: FIFRA-08-2008-0006

PS Form 3800, August 2006 — 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:

Scott Vincent, President
Crystal Packaging, Inc.
5185 National Western Drive
Denver, CO 80216

DOCKET NO.: FIFRA-08-2008-0006

JUL 23 2008

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☑ Addressee

B. Received by (Printed Name) C. Date of Delivery
C.E. Bartuska 07/24/08

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 ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7007 2560 0002 6445 0941

CAIFD

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540