

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ 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. 	<p>A. Signature <input type="checkbox"/> Agent</p> <p><input checked="" type="checkbox"/> <i>Katy Larkins</i> <input checked="" type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p><i>FIFRA-07-2010-008</i> <i>Illinois Tool Works</i></p> <p>Kathryn A. Larkins Shook, Hardy & Bacon L.L.P. 2555 Grand Boulevard Kansas City, Missouri 64108</p>	<p>B. Received by (Printed Name)</p> <p><i>Katy Larkins</i></p>	<p>C. Date of Delivery</p> <p><i>5-7-10</i></p>
<p>2. Article Number <small>(Transfer from service label)</small></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes</p> <p>If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>PS Form 3811, February 2004</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p><i>7006 2760 0000 8647 7293</i></p> <p>Domestic Return Receipt 102595-02-M-1540</p>	