SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Robert N. Roach, Jr.         Chief Executive Officer         The Chemical Company         44 Southwest Avenue         Jamestown, Rhode Island 02835     </li> </ul>	A. Signature  B. Received by (*Printed Name*)  C. Dat of Deliver  D. Is delivery address different from item 1?  If YES, enter delivery address below:  3. Service Type  Certified Mail  Registered  Return Receipt for Merchandis  Insured Mail  C.O.D.
2. Article Number (Transfer from service label) 7008 3230	4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ 9476 7224
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