

SENDER: COMPLETE THIS SECTION**COMPLETE THIS SECTION ON DELIVERY**

- 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.

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

C. Signature

X *Carolyn Helvano*

-
- Agent
-
-
- Addressee

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No*FIFRA-05-2008-0017*

3. Service Type

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

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

1. Article Addressed to:

William D. Yaffa
 Senior Vice President
 BMT Commodity Corporation
 530 Fifth Avenue
 New York, New York 10036

2. Article Number

*(Transfer from service label)**7001 0320 0006 0182 4394*

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424