

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:

Ms. Dana Mathes
Vice President, Operations
Dow AgroSciences LLC
9330 Zionsville, Indiana 46268

FIFRA-05-2011-0007

2. Article Number

(Transfer from service label)

7009 1680 0000 7666 6596

PS Form 3811, March 2001

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

[Handwritten Signature]

Agent

Addressee

D. Is delivery address different from item 1?
If YES, enter delivery address below:

Yes

No

FEB 11 2011

REGIONAL HEARING CLERK

3. Service Type

Certified Mail

Registered

Insured Mail

Express Mail

Return Receipt for Merchandise

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

102595-01-M-1424