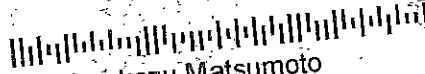


SENDER: COMPLETE THIS SECTION

- 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. 
Mr. Toyokazu Matsumoto
Arysta LifeScience America, Inc.
1450 Broadway, 20th floor
New York, New York 10019

FIFRA 05 2015 0031 (CAF)

2. Article Number
(Transfer from service label)

7011 1150 0000 2640 7261

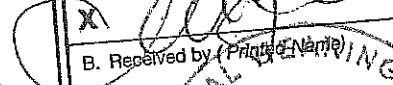
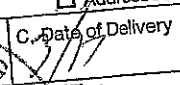
PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

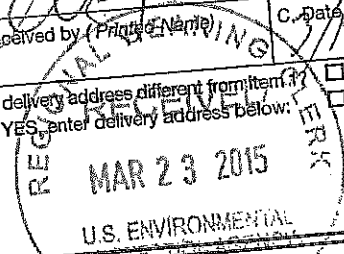
A. Signature  Agent
 Addressee

B. Received by (Printed Name)  C. Date of Delivery 

D. Is delivery address different from item 1?
If YES, enter delivery address below: Yes
 No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

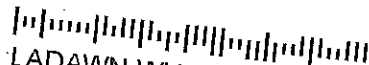


UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •


LADAWN WHITEHEAD
U.S. EPA - REGION 5 - E19J
77 WEST JACKSON BLVD
CHICAGO, IL 60604

