| 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. | B. Received by (Martel Name) C. Date of Delivery |
| 1. Article Addressed to: FIFRA -07- 2010-003 | D. Is delivery address different from item 1? ☐ Yes \ If YES, enter delivery address below: ☐ No |
| Chris Howard | 3. Service Type |
| Syngenta Crop Protection, Inc. | SCertified Mail Express Mail |
| 410 South Swing Road | ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. |
| Greensboro, North Carolina 27409 | 4. Restricted Delivery? (Extra Fee) |
| 2. Article Number 7006 2760 0000 86 | 46 3197 |
| PS Form 3811, February 2004 Domestic Ret | um Receipt 102595-02-M-1540 |

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