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**CERTIFIED MAIL RECEIPT**  
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11/08/07

Postage \$		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement)		
<b>Total Fee</b>		


**Recipient:** Roseann Escher, Paralegal  
 Coors Legal Department  
 P. O. Box 4030, NH-335  
 Golden, CO 80401-0300

**Sender:** \_\_\_\_\_

**DOCKET NO.:** TSCA-08-2007-0018

PS Form 3811, February 2004 See Reverse for Instructions

7005 1820 0005 4855 7612

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <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> </ul> <p>1. Article Addressed to:</p> <p>Roseann Escher, Paralegal          Coors Legal Department          P. O. Box 4030, NH-335          Golden, CO 80401-0300</p> <p>DOCKET NO.: TSCA-08-2007-0018</p> <p style="text-align: center; font-size: 1.5em; margin-top: 10px;">NOV 08 2007 RC E</p>	<p>A. Signature</p> <p><input checked="" type="checkbox"/> [Signature]</p> <p>B. Received by / Printed Name</p> <p>[Signature] / Roseann Escher</p> <p>C. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail    <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered    <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail    <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee)    <input type="checkbox"/> Yes</p>
2. Article Number (Transfer to)	<div style="border: 1px solid black; padding: 5px; display: inline-block;">  </div>
<p>7005 1820 0005 4855 7612</p>	
<p>PS Form 3811, February 2004    Domestic Return Receipt    110205-02-10-1040</p>	