SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY A. Signature	
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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 (Printed Name) C. Date of Delivery	
1. Article Addressed to: #SDWA-08-2015-0043	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No	
Tronox Specialty Alkali Corporation		
C/O CT Corporation, Registered Agent 1712 Pioneer Avenue, #120	3. Service Type ☐ Certified Mail ☐ Registered ☐ Return Receipt for Merchandise	
Cheyenne, WY 82001	☐ Insured Mail ☐ C.O.D.	
	4. Restricted Delivery? (Extra Fee) Yes	
2. Article Number	2. Article Number 7009 3410 0000 2600 7742 (Transfer from service label)	
(Transfer from service label)	PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	
(Transfer from service label)	turn Receipt 102595-02-M-1540	
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