		STATE OF THE PERSON				
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 malipiece, or on the front if space permits.		X	A. Signature X B. Becgived by (Printed Name)		(Varne)	Agent Addressee C. Date of Delivery
Article Addressed to:		0	. Is delivery a If YES, ente		rent from its ddress belo	
Jeffrey Koenig, Esq. Safety, Health, & Environme Cytec Industries, Inc. Five Garrett Mountain Plaza West Patterson, NJ 07424	ental Co	unsel	Service Typ  Certified  Register	MeM D	Express Ma Return Reci C.O.D.	II alpt for Merchandise
			4. Restricted Delivery? (Extra Fee)			
		4.	Restricted D	Delivery? (Ex	dra Fee)	☐ Yes
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