| The same of the sa |   |
|--|---|
| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |
| <ul> <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>   | A. Signature  Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery                    |
| 1. Article Addressed to: #50WA-D8-JDIL-DDD9  | D. Is delivery address different from item 1? Yes  If YES, enter delivery address below: No           |
| Mr. Tim Brown  |   |
| Environmental Services Manager   | 3. Service Type   |
| Solvay Soda Ash Joint Venture P.O. Box 1167  | ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. |
| Green River, WY 82935  | 4. Restricted Delivery? (Extra Fee)   |
| 2. Article Number 7009 (Transfer from service label)   | 2250 0003 4169 1506   |
| PS Form 3811, February 2004 Domestic Retu  | urn Receipt 102595-02-M-1540  |