Insured Mail   C.O.D.	SENDER: COMPLETE THIS SECTION CO	OMPLETE THIS SECTION ON DELIVERY
Ellen Goldman, Esq. 7944 Santa Fe Drive Overland Park, Kansas 66204  2. Service Type Overland Park, Kansas 66204  2. Article Numb 7001 2760 0000 8644 3857  2. Article Numb 7001 2760 0000 8644 3857  2. February 2004  2. Article Numb 7001 2760 0000 8644 3857  2. February 2004  2. Article Numb 7001 2760 0000 8644 3857  2. February 2004  2. Article Numb 7001 2760 0000 8644 3857  2. Article Thills SECTION ON DELIVERY Asgardiure  2. Article Thills SECTION ON DELIVERY Asgardiure  3. Service Type 4. Addressees 5. Phick-your name and address on the reverse 5. The Article Article Thills SECTION ON DELIVERY Asgardiure  4. Article Article Thills SECTION ON DELIVERY Asgardiure  5. Service Type 6. Date of Delivery 8. Service Thills SECTION ON DELIVERY 9. Service Thills Section On the Transport of Marchandiae 9. Service Type 9. Service Thills Section On the Transport of Marchandiae 9. Service Thills Section On the Transport of Marchandiae 9. Service Thills Section On the Transport of Marchandiae 9. Service Thills Section On the Transport of Marchandiae 9. Service Thills Section On the Transport of Marchandiae 9. Service Thills Section On the Transport of Marchandiae 9. Service Thills Section On the Transpo	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.	Received by (Printed Name)  C. Date of Delivery  10/2/12
Service Type   Complete Items 1, 2, and 3. Also complete Items 4 If Restricted Delivery (Extra Fee)   Yes	Haybord Bridge Ellen Goldman, Esq. 7944 Santa Fe Drive	Is delivery address different from item 1? If YES, enter delivery address below:  No
2. Article Numb (Transfer frortTstermore Product)  SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is dealred. Print your name and address on the reverse so that we can are turn the card to you. Attach this card to the back of the mallplace, or on the front if space permits.  Article Addressed to:  Article Addr	Overland Park, Kansas 66204	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
SENDER: COMPLETE THIS SECTION  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 mallplece, or on the front if space permits.  Article Addressed to:  Article Addressed		
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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 mallplece, or on the front if space permits.   Address defined in the first from lier 1?   Yes		
so that we can return the card to you.  Attach this card to the back of the mallplece, or on the front if space permits.  Arricia Addressed to:  Arricia Blackwell Sanders LLP  190 Carondelet Plaza, Suite 600  St. Louis, Missouri 63105  Service Type  Countied Mail  Begistered  Return Receipt for Merchandise  Insured Mail  Registered  Receipt 102595-02-M-154  SENDER: COMPLETE THIS SECTION  COMPLETE THIS SECTION ON DELIVERY  A Signature  B Received by (Printed Name)  C. Date of Delivery  Text of Polivery  A Signature  A Signature  A Signature  A Signature  B Received by (Printed Name)  CO.D.  A Restricted Delivery address below:  A Signature  A Signature  A Signature  B Received by (Printed Name)  C. Date of Delivery  A Signature  B Received Mail  B	item 4 if Restricted Delivery is desired.	Agent Agent
Attach this card to the back of the mallplece, or on the front if space permits.  Articla Addressed to: 0.7-20.0-0035  Articla Addressed to: 0.7-20.0-0035  Eric Berry, Esq Husch Blackwell Sanders LLP 190 Carondelet Plaza, Suite 600 St. Louis, Missouri 63105  Service Type    Cardified Mail   Express Mail   Registered   Return Receipt for Merchandise   Registered   Return Receipt for Merchandise   Registered   Return Receipt for Merchandise   Registered   Return Receipt   Yes    2. Artic   7006   2760   0000   A. Restricted Delivery? (Extra Fee)   Yes    SENDER: COMPLETE THIS SECTION    Complete Items 1, 2, and 3. Also complete   Return Receipt   102595-024M-154    Service Type   Condition   Receipt   Return Receipt   Yes   Yes    2. Artic   7006   2760   Domestic Return Receipt   102595-024M-154    Service Type   Co.D.   Restricted Delivery? (Extra Fee)   Yes   Yes      Complete Items 1, 2, and 3. Also complete   Receipt   102595-024M-154    Service Type   Co.D.   Restricted Delivery? (Extra Fee)   Yes   Y		
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Eric Berry, Esq Husch Blackwell Sanders LLP 190 Carondelet Plaza, Suite 600 St. Louis, Missouri 63105    Registered   Return Receipt for Merchandise   Return Receipt for Merchandise   Restricted Delivery? (Extra Fee)   Yes   Restricted Delivery? (Extra Fee)   Yes   Restricted Delivery? (Extra Fee)   Yes   Restricted Delivery 2004   Domestic Return Receipt   102595-02-M-154   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 maliplece, or on the front if space permits.   Address   Restricted Delivery address delivery address below:   No   No   No   No   No   No   No   N	d Adlala Addanged to	D. 10 Controlly address among the new terms
Eric Berry, Esq Husch Blackwell Sanders LLP 190 Carondelet Plaza, Suite 600 St. Louis, Missouri 63105  2. Artic 7006 2760 0000 8646 3652  PS Form 3811, February 2004  Domestic Return Receipt  COMPLETE THIS SECTION  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 maliplece, or on the front if space permits.  Artica Address defined the Artica Delivery is desired. First your name and address on the reverse so that we can return the card to you. Attach this card to the back of the maliplece, or on the front if space permits.  Artica Address defined from the space permits.  Artica Address below:  No  Candice McGhee  Missouri Department of Natural Resources Hazardous Waste Program Superfund Section P.O. Box 176  Jefferson City, Missouri 65102-0176	CERCLH - 0 1- 20 B - W25	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Husch Blackwell Sanders LLP  190 Carondelet Plaza, Suite 600 St. Louis, Missouri 63105    Registered   Return Receipt for Merchandise   Respective   Return Receipt for Merchandise   Respective   Return Receipt   Return Receipt for Merchandise   Return Receipt   Return	Hayord Bridge	001 - 3 2012
Service Type   Cartified Mail   Express Mail   Registered   Return Receipt for Merchandise   Restricted Delivery? (Extra Fee)   Yes		
St. Louis, Missouri 63105    Registered   Return Receipt for Merchandlse   C.O.D.     Restricted Delivery? (Extra Fee)   Yes	MANA	
2. Artic 7001 2750 0000 8545 3852  PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154  SENDER: COMPLETE THIS SECTION  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 mallplece, or on the front if space permits.  Article Address different from item 1? Yes if YEs, enter delivery address below:  No  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 mallplece, or on the front if space permits.  Article Address different from item 1? Yes if YEs, enter delivery address below:  No  Complete tems 1, 2, and 3. Also complete item 4 if Restricted Delivery address delivery is desired.  A Signature X  FERS  D. It delivery address different from item 1? Yes if YEs, enter delivery address below:  No  OCT 0 2 201  3. Service triple  Resturn Receipt for Merchanding insured Mall  Registered  Return Receipt for Merchanding insured Mall  C.O.D.  4. Restricted Delivery? (Extra Fee)	- 70	
2. Artic (Transmore 1986) 2740 000 8545 3852  PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154  SENDER: COMPLETE THIS SECTION  COMPLETE THIS SECTION ON DELIVERY  A. Signature X. Sig		The second secon
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■ 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 mallplece, or on the front if space permits.  1. Article Address of the mallplece, or on the front if space permits.  1. Article Address of the mallplece, or on the front if space permits.  1. Article Address of the mallplece, or on the front if space permits.  1. Article Address of the mallplece, or on the front if space permits.  1. Article Address of the mallplece, or on the front if space permits.  1. Article Address of the mallplece, or on the front if space permits.  1. Article Address of the mallplece, or on the front if space permits.  2. B. Received by (Printed Name)  C. Date of Delive of Permits of Natural Resources if YES, enter delivery address below:  3. Service Type  3. Service Type  3. Service Type  3. Service Type  4. Restricted Delivery Receipt for Merchandle insured Mall  A. Signature		
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 maliplece, or on the front if space permits.  1. Article Address different from item 1? Yes If YES, enter delivery address below:  Candice McGhee  Missouri Department of Natural Resources Hazardous Waste Program Superfund Section P.O. Box 176  Jefferson City, Missouri 65102-0176  X  B. Received by (Printed Name)  C. Date of Delivery address different from item 1? Yes If YES, enter delivery address below:  No  OCT  2 201  Service Type  Certified Mail 10 Express Mail  Registered Return Receipt for Merchandle Insured Mail C.O.D.  4. Restricted Delivery? (Extra Fee)		COMPLETE THIS SECTION ON DELIVERY
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 maliplece, or on the front if space permits.  1. Article Address de Candice McGhee  Missouri Department of Natural Resources Hazardous Waste Program Superfund Section P.O. Box 176  Jefferson City, Missouri 65102-0176  B. Received by (Printed Name)  C. Date of Delive  Reserved by (Printed Name)  C. Date of Delive  C. Date of Delive  C. Date of Delive  Reserved by (Printed Name)  C. Date of Delive  C. Date of Delive  Reserved by (Printed Name)  C. Date of Delive  C. Date of Delive  C. Date of Delive  Reserved by (Printed Name)  C. Date of Delive  C. Date of Delive  Reserved by (Printed Name)  C. Date of Delive  C. Date of Delive  C. Date of Delive  Reserved by (Printed Name)  C. Date of Delive  C. Date of Delive  C. Date of Delive  C. Date of Delive  Reserved by (Printed Name)  C. Date of Delive	Item 4 if Restricted Delivery is desired.	C Thomas
Attach this card to the back of the maliplece, or on the front if space permits.  1. Article Addressed 10 - 07 - 2010 COO Candice McGhee  Missouri Department of Natural Resources Hazardous Waste Program Superfund Section P.O. Box 176  Jefferson City, Missouri 65102-0176  B. Received by (Primed Name)  C. Date of Delive Coordinates different from item 1?	Print your name and address on the reverse so that we can return the card to you.	Address
1. Article and resold of - 07 - 2012 COO If YES, enter delivery address different from item 1? Yes If YES, enter delivery address below: No OCT 2 2012 NO OC	Attach this card to the back of the mailplece.	
Candice McGhee Missouri Department of Natural Resources Hazardous Waste Program Superfund Section P.O. Box 176 Jefferson City, Missouri 65102-0176  3. Service Type  3. Service Type  3. Service Type  3. Service Type  4. Registered  5. Registered  6. Return Receipt for Merchandle  6. Insured Mail  7. Restricted Delivery? (Extra Fee)  7. Yes	()- 40 A A A A A A A A A A A A A A A A A A	D. Is delivery address different from Item 1? Yes
Hazardous Waste Program Superfund Section P.O. Box 176  Jefferson City, Missouri 65102-0176  3. Service Type  Registered Return Receipt for Merchandle Insured Mail C.O.D.  4. Restricted Delivery? (Extra Fee)		OCT 02 201
Jefferson City, Missouri 65102-0176  Jefferson City, Missouri 65102-0176  Registered Return Receipt for Merchandle Insured Mall C.O.D.  4. Restricted Delivery? (Extra Fee) Yes	Missouri Department of Natural Resources	14
Jefferson City, Missouri 65102-0176  Registered Return Receipt for Merchandle Insured Mall C.O.D.  Restricted Delivery? (Extra Fee) Yes	P.O. Box 176	3. Service Type  S. Certified Mail 10 Express Mail
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Cleveland, Ohio 44114-1291  2. Article Num! (Transfer fro)  7006 2760 0000 8	4. Restricted Delivery? (Extra Fee)
PS Form 3811, February 2004 Domestic Ref	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 mallpiece, or on the front if space permits.  1. Article Addressed to:  CERCOLOGO OF 2012 -0025  Patricia Duft, Esq.	A. Signature  X A A Agent  Address B. Received by (Printed Name) C. Date of De  D. Is delivery address different from Item 1? Yes  If YES, enter delivery address below:
Vice President and Assistant Secretary Mallinckrodt, Inc. 675 McDonnell Blvd. Hazelwood, Missouri 63042	3. Service Type  Certified Mail
2. Article 7006 2760 0000 864	
	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.  Company  Molly Shaffer, Esq.  Monsanto Company  800 Lindbergh Blvd.  St. Louis, Missouri 63167	A. Signature  X

SENDER: COMPLETE THIS SECTION	COMPLETE TILIS 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 mailplece, or on the front if space permits.  Crisp Object Delivery Builder  Jerssica L. Blome, Esq.  Assistant Attorney General	A. Signature  Agent  Addresse  B. Received by (Printed Name)  C. Date of Delivery  OCT 0 2 2012  D. Is delivery address different from item 1? Yes  If YES, enter delivery address below:
P.O. Box 899	3. Service Type
Jefferson City, Missouri 65101	Certified Mail  Registered  Receipt for Merchandise  C.O.D.
	Registered Return Receipt for Merchandise
2. Article Number	Registered Return Receipt for Merchandis