SENDER: COMPLETE THIS SECTION	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. 	A. Signature X panel All Addressed B. Secretived by (Printed Varne) C. Date of Deliven OBOS
. Article Addressed to:	D. Is delivery address different from item 1?
CAA-07-2010-0007 David Hawkins	
Helena Chemical Company	3. Service Type
225 Schilling Blvd., Suite 300	Certified Mail Express Mail Registered Return Receipt for Merchandise
Collierville, Tennessee 38017	Insured Mail C.O.D. A. Restricted Delivery? (Extra Fee) Yes
2. Article Num! 7006 2760 0000 81	548 6042
S Form 3811, February 2004 Domestic Ref	turn Receipt 102595-02-M-1540
• • • • • • •	

•

•