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 Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

John S. York, Jr.
 Attorney at Law
 215 NE 40th Street
 Suite C-3
 Seattle, WA 98501-6567

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Moley* Agent Addressee

B. Received by (Printed Name) *RECEIVED* C. Date of Delivery

D. Is delivery address different from item 1? Yes
 if YES, enter delivery address below: No

3. Service Type
 XXX Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7001 2510 0000 5790 6922 FIFRA-10-2004-0073
 S Form 3811, August 2001 Domestic Return Receipt 2ACPRI-03-Z-0985

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Article Addressed to:

Laurence B. Finegold, Esq.
 The Finegold Law Firm
 1809 - 7th Avenue
 Suite 1301
 Seattle, WA 98010-1313

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Dona Hunter* Agent Addressee

B. Received by (Printed Name) *RECEIVED* C. Date of Delivery

D. Is delivery address different from item 1? Yes
 if YES, enter delivery address below: No

3. Service Type
 XXX Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. 7001 2510 0000 5790 6953 FIFRA-10-2004-0073
 PS Form 3811, August 2001 Domestic Return Receipt 2ACPRI-03-Z-0985

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Article Addressed to:

Beatriz Shanahan
 ArgentChemical Laboratories
 8702 152nd Avenue NE
 Redmond, WA 98502

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *B. Shanahan* Agent Addressee

B. Received by (Printed Name) *RECEIVED* C. Date of Delivery *6/8/04*

D. Is delivery address different from item 1? Yes
 if YES, enter delivery address below: No

3. Service Type
 XXX Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7001 2510 0000 5790 6946 FIFRA-10-2004-0073
 S Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

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Article Addressed to:

Eliot Lieberman
 Argent Chemical Laboratories
 8702 152nd Avenue NE
 Redmond, WA 98502

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *E. Lieberman* Agent Addressee

B. Received by (Printed Name) *RECEIVED* C. Date of Delivery *6/8/04*

D. Is delivery address different from item 1? Yes
 if YES, enter delivery address below: No

3. Service Type
 XXX Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7001 2510 0000 5790 6939 FIFRA-10-2004-0073
 PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540