

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 mailpiece, or on the front if space permits.

1. Article Addressed to: Vertex
FIFRA-07-2010-0034

David P. Ross, Attorney
Crowell Moring LLP
1001 Pennsylvania Avenue, NW
Washington, DC 20004-2500

2. Article (Transit) 7006 2760 0000 8646 2954

COMPLETE THIS SECTION ON DELIVERY

A. Signature <input checked="" type="checkbox"/> <u>[Signature]</u>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) <u>R. D. [Signature]</u>	C. Date of Delivery <u>07-02-2010</u>
D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

4. Restricted Delivery? (Extra Fee) Yes