

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com®

OFFICIAL CASE

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorser) _____

11/8/11
 Postmark Here

Total Pk: **Lillian Gonzalez, Vice President**
Chemtica USA
 2912 Enterprise Dr., Suite A1
 Durant, OK 74701-1993

Sent To _____
 Street, Apt or PO Box _____
 City, State, ZIP+4 _____

DOCKET NO.: FIFRA-08-2011-0014

PS Form 3800, August 2006 See Reverse for Instructions

7009 3410 0000 2596 3117

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:
 NOV 8 2011
Lillian Gonzalez, Vice President
Chemtica USA
 2912 Enterprise Dr., Suite A1
 Durant, OK 74701-1993
 DOCKET NO.: FIFRA-08-2011-0014

2. Article (Trans) _____

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
Sered Gardner Addressee

B. Received by (Printed Name) *Sered Gardner*

C. Date of Delivery *11-17-11*

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

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

4. Restricted Delivery? (Extra Fee) Yes

102595-02-M-1540