

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage	77
Certified Fee	140
Return Receipt Fee (Endorsement Required)	125
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 342



Name (Please Print Clearly) (To be completed by mailer)

Chemtron USA Inc.

Street, Apt. No., or PO Box No.

P.O. Box 1635

City, State, Zip+4

Houston, TX 77251

PS Form 3800, July 1999

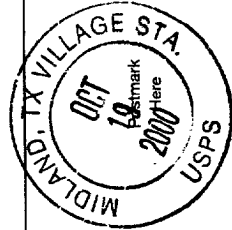
See Reverse for Instructions

7099 3220 0006 1554 4230

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Name (Please Print Clearly) (To be completed by mailer)

Comcast Inc.

Street, Apt. No., or PO Box No.

16 Decker Dr Ste 100W

City, State, Zip+4

Midland, TX 79705

PS Form 3800, July 1999

See Reverse for Instructions