



TH Hilson Company

1761 South Naperville Road
Suite 100
Wheaton, IL 60189
630-665-3085

Tel: (630) 665-3085
Fax: (630) 665-0196

Attn: Suzanne Sasak
UNIVAR USA
200 DEAN SIEVERS PLACE
MORRISVILLE, PA 19067

Dear Suzanne Sasak

We are providing you with the following product(s): Phenonip

We would like to point out that this product is a cosmetic preservative. It can only be used to preserve cosmetic products as defined by the Federal Food Drug and Cosmetic Act or may have limited acceptance in other FDA regulated applications. Additional FDA guidance on cosmetics regulations can be found at the following website, <http://www.cfsan.fda.gov/~dms/cos-pol.html>, <http://www.epa.gov/fedrgstr/EPA-GENERAL/1998/October/Day-09/g27261.htm>.

This product is not a FIFRA registered microbiocide and cannot be used in industrial, institutional or household products regulated by FIFRA. This product (or a component of this product is also not listed on the Toxic Substances Control Act (TSCA) Inventory. The product is therefore being provided to you conditioned on your assurance that it will be used by you, in the form in which it is obtained from us, solely within the meaning of Section 201 of the Federal Food, Drug and Cosmetic Act, which regulates the use of raw materials and ingredients in cosmetic products in the U.S.

We realize that all necessary information is communicated through the Material Safety Data Sheet(s) and product Right-to-Label(s). Clariant Corporation has taken a more positive stance dealing with product stewardship and requests a Customer Certification letter from you. This process can be confirmed by signing and returning one copy of this letter to my attention by facsimile at the number shown above. If you have any questions or concerns, please call me at the numbers listed above.

Best regards,

Todd Hilson
TH Hilson Company

Please confirm by signing and returning one copy of this letter to TH Hilson Company at Facsimile number 630-665-0196 or kristen@thhilson.com

******* TH Hilson Customer Certification *******

Company Name: _____

Authorized Personnel (Type or Print)

Signature

Title (Type or Print)

Date

P.O. RECAP

CO 01 AP 01 PO CL WH CL Date 04/12/10

Ord 03/25/10 CURR USD VIEW USD

Po No MV - 546042

Vendor/Ship-From 002076 - 002 TH HILSON BRIDGEVIEW

Master PO 101040

Ver 1 Status O Type R

Lin Typ Prod/Desc

Open/Rec Qty Base Cost/UM Shp Date Due Date Stat Mgd?

1 S 757073

1.00 0.0000 LB 04/19/10 04/21/10 OPEN U

PHENOXETOL

44.0000 LB PL Vndr Prod NO

COSMETIC LIQ PAIL POL 008870 CLARIANT

Go To Line
End Of Order

Tot Est Amt Tot Gross WT
0.00 49.000

1 NXT: INFO:

DPT Lakewood