DEPARTMENT OF THE TREASURY
UNITED STATES CUSTOMS SERVICE

NORTH AMERICAN FREE TRADE AGREEMENT
CERTIFICATE OF ORIGIN

Please print or type 19 CFR 181.11, 181.22

1. EXPORTER NAME AND ADDRESS	2. BLANKET PERIOD *(DD/MM/YY)*
TAX II	FROM **01/01/09**
	TO **31/12/09**
3. PRODUCER NAME AND ADDRESS	4. IMPORTER NAME AND ADDRESS
FMC Wyoming Corp. **Box 872** **Green River, WY 82935**	**Various**
TAX IDENTIFICATION NUMBER: **36-3258060**	TAX IDENTIFICATION NUMBER:

5. DESCRIPTION OF GOOD(S)	6. HS TARIFF CLASSIFICATION NUMBER	7. PREFERENCE CRITERION	8. PRODUCER	9. NET COST	10. COUNTRY OF ORIGIN
Sodium Sesquicarbonate	**2836.99.5000**	**A**	**Yes**	**No**	**US**

I CERTIFY THAT:

- THE INFORMATION ON THIS DOCUMENT IS TRUE AND ACCURATE AND I ASSUME THE RESPONSIBILITY FOR PROVING SUCH REPRESENTATIONS. I UNDERSTAND THAT I AM LIABLE FOR ANY FALSE STATEMENTS OR MATERIAL OMISSIONS MADE ON OR IN CONNECTION WITH THIS DOCUMENT;

- I AGREE TO MAINTAIN, AND PRESENT UPON REQUEST, DOCUMENTATION NECESSARY TO SUPPORT THIS CERTIFICATE, AND TO INFORM, IN WRITING, ALL PERSONS TO WHOM THE CERTIFICATE WAS GIVEN OF ANY CHANGES THAT COULD AFFECT THE ACCURACY OR VALIDITY OF THIS CERTIFICATE;

- THE GOODS ORIGINATED IN THE TERRITORY OF ONE OR MORE OF THE PARTIES, AND COMPLY WITH THE ORIGIN REQUIREMENTS SPECIFIED FOR THOSE GOODS IN THE NORTH AMERICAN FREE TRADE AGREEMENT, AND UNLESS SPECIFICALLY EXEMPTED IN ARTICLE 411 OR ANNEX 401, THERE HAS BEEN NO FURTHER PRODUCTION OR ANY OTHER OPERATION OUTSIDE THE TERRITORIES OF THE PARTIES; AND

- THIS CERTIFICATE CONSISTS OF [1] PAGES, INCLUDING ALL ATTACHMENTS.

11a. AUTHORIZED SIGNATURE	11b. COMPANY
	FMC Wyoming Corp.
11c. NAME *(Print or Type)*	11d. TITLE
Robin L. Avery	**Responsible Care Coordinator**

11e. DATE *(DD/MM/YY)*	11f. TELEPHONE NUMBER ▷	*(Voice)*	*(Facsimile)*
26/09/08		**307-872-2143**	**307-872-2351**

Customs Form 434 (121793)