

February 4, 2010

**Attention: Tax Department**

Subject: Chemical Diversion and Trafficking Act of 1988

The subject Act (Department of Justice, DEA) requires record keeping and reporting of sales, receipts, theft, importation and exportation of selected chemicals used in the production of illegal drugs. We are requesting your assistance in supplying certain information Whitaker Oil Company must keep on file for its Acetone, Methyl Ethyl Ketone, and Toluene customers.

The Act states that Whitaker Oil Company must establish the identity of each Acetone, Methyl Ethyl Ketone, and Toluene customers' authorized purchasing agent or agents and have on file each person's signature. Once the authorized purchasing agent(s) has been established, the agent(s) signature must be updated annually. Whitaker Oil Company is prohibited from making shipments unless an authorized agent of record places the order.

To satisfy compliance requirements with the Act and prevent delays in future shipment of Acetone, Methyl Ethyl Ketone and Toluene, we ask that you complete the information on the following attachment; listing all authorized purchasing agents and fax the attachment to Whitaker Oil Company today.

Should you have any questions, please contact your sales representative.

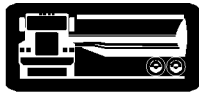
Best Regards,

Darlene Parker  
Assistant Controller  
[darlene.parker@whitakeroil.com](mailto:darlene.parker@whitakeroil.com)



Quality • Responsibility • Stewardship

Whitaker Oil Company  
1557 Marietta Road NW  
Atlanta, GA 30318  
404-355-8220  
800-221-0521



**Customer Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City, State Zip** \_\_\_\_\_

Please add your signature, printed name and date below, authorizing you as a purchasing agent for Acetone, Methyl Ethyl Ketone, and Toluene for the location address listed above, per the Chemical Diversion and Trafficking Act of 1988.

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

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Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

**Please fax to 404-355-2436**