

November 17, 2006

Attention: Purchasing 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 by today.

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

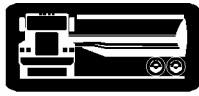
Best Regards,

Jennifer Ratliff
Assistant Controller



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: _____

Printed Name: _____ Printed Name: _____

Date: _____ Date: _____

Signature: _____ Signature: _____

Printed Name: _____ Printed Name: _____

Date: _____ Date: _____

Signature: _____ Signature: _____

Printed Name: _____ Printed Name: _____

Date: _____ Date: _____

Please fax to 404-355-2436

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