Application for Pesticide - Section I         1. Company/Product Number       2. EPA Product Manager       3. Proposed Classification         4822-400       Anderson       None   Restricted         42. Company/Product (Name)       PM#       None   Restricted         Raid Max Roach Sterilizer Discs       BPPD       S. Proposed Classification         5. Name and Address of Application (Include ZIP Code)       6. Expedited Review. In accordance with FIFRA Section 3(c(X)3(b(i), my product is similar or identical in composition and labeling to:         1525 Howe St.       EPA Reg. No.         Rescine, WI 53403       Product Name         Check If this is a new address       Section II         Amendment - Explain below.       Final printed labels in response to Agency letter dated         Notification - Explain below.       Brine printed labels in response to Agency letter dated         Section III       Material This Product Will Be Packaged In:       NOTIFIC ATION         Anage in phone number in storage and disposal referral statement.       Reviewed By: filterotype       Metail         No       Int Packaging wgt.       Vester       Metail       Metail         No       Int Packaging wgt.       No. Per Dater Will Be Packaging wgt.       No. Per Dater Will Be Packaging wgt.       No. Per Dater Will Metail Container       Paper (specify)         3. Locati		United S nental Pro /ashington, I	tection A	gency		Amen	tration dment (Notif)			0. Approval Expires 05-31-6 er Number	
4822.400       Anderson       None       Restricted         4. Company/Product (Name)       PM#       BPPD       Share and Address of Application (include ZIP Code)       PM#         BPDD       6. Expedited Review. In accordance with FIRA Section 3(c(3)(b)(), my product is similar or identical in composition and labeling to:       EPA Reg. No.         S. C. Johnson & Son, Inc.       EPA Reg. No.       EPA Reg. No.       EPA Reg. No.         Racine, WI 53403       Product is similar or identical in composition and labeling to:       EPA Reg. No.         Mamomment - Explain below.       Final printed labels in response to Agency letter dated       NOTTIFICATION         Notification - Explain below.       Check if this is a new address       Section II       NOTTIFICATION         Nange in phone number in storage and disposal referral statement.       Heviewed By: Afracute/       Age         1. Material This Product Will Be Packagging With Sontainer       Yes       Material This Product Will Be Packagging woll.       No. Per Material Soluble Packaging       2. Type of Container         1. Material This Product Will Be Packagging woll.       No. Per Material This Product Will Be Packagging woll.       No. Per Material This Product Will Be Packagging woll.       No. Per Material This Product Will Be Packagging woll.       No. Per Material This Product Material Information       Pager Soluble Packaging       2. Type of Container       Glassic <td< td=""><td><u></u></td><td></td><td>Application</td><td>n for Pe</td><td>sticide - S</td><td></td><td></td><td></td><td></td><td></td></td<>	<u></u>		Application	n for Pe	sticide - S						
4. Company/Product (Name)       PM#         Raid Max Roach Sterillizer Discs       PM#         BPPD       BPPD         6. Name and Address of Application (Include ZIP Code)       6. Expedited Review. In accordance with FIFRA Section 3(c)(3)(b)(), my product is semilar or identical in composition and labeling to:         S. C. Johnson & Son, Inc.       EPA Reg. No.         TS25 Hove St.       EPA Reg. No.         Racine, WI 53403       Product Name         Check If this is a new address       Section II         Amendment - Explain below.       Final printed labels in response to Agency letter dated         NotTIFICATION       Other - Explain below.         Notification - Explain below.       Data Reviewed By: Science M         Notification - Explain below.       Data Reviewed By: Science M         Notification representation: Use additional page(s) if necessary. (For Section III       Notification Reviewed By: Science M         1. Material This Product Will Be Packaging       Water Soluble Packaging       2. Type of Container         Yes 's No       No       Pare Soluble Packaging       2. Type of Container         1. Material This Product Will Be Packaging wgt.       Soction III       Pager Gued         1. Asterial This Product Will Be Packaging wgt.       On tabel       Pager Gued         2. Ston of Net Contents Information       4. Size(s) Re	1. Company/Product Number							3. f	Propose	ed Classification	
Raid Max Roach Sterillizer Discs       BPPD         5. Name and Address of Application (Include ZIP Code)       6. Expedited Review: In accordance with FIFRA Section 3(c)(3)(b)(1), my product is similar or identical in composition and labeling to:         1525 Howe St.       EPA Reg. No.         Racine, WI 53403       Product Name         Check if this is a new address       Section II         Amendment - Explain below.       Final printed labels in response to Agency letter dated         Resubmission       Other - Explain below.         Notification - Explain below.       Other - Explain below.         Explanation:       Use additional page(s) if necessary. (For Section II and Section II.)         1. Material This Product Will Be Packaged In:       Reviewed By: for Section III         1. Material This Product Will Be Packaged In:       No. Per         Online Revision       No       Yes         2. No       No       Section III         1. Adterial This Product Will Be Packaged In:       Container       Yes         2. No       No       Section III       Size(s) Retail Container         3. Location of Net Contents Information       4. Size(s) Retail Container       So Coation Researy, to process this applications         3. Location of Net Contenties Information       4. Size(s) Retail Container       So Coation IV         Container	4822-400			Anders	_				🛛 None 🔲 Restricted		
5. Name and Address of Application (Include ZIP Code)       6. Expedited Review. In accordance with FIFRA Section 3(c/(3)(b)(1), my product is similar or identical in composition and labeling to:         5. C. Johnson & Son, Inc.       EPA Reg. No.         1525 Howe St.       EPA Reg. No.         Recine, WI 53403       Product Is similar or identical in composition and labeling to:         Explanation:       Explain below.         Resubmission       Bection II         Monification - Explain below.       Final printed labels in response to Agency letter dated         Resubmission       Other - Explain below.         Resubmission       Other - Explain below.         Notification - Explain below.       Section III         1. Material This Product Will Be Packaged In:       Reviewed By: for exclaring         1. Material This Product Will Be Packageing       Water Soluble Packaging         2. Yes       No         2. No       Pager:         3. Location of Net Contents Information       4. Size(s) Retail Container         2. Location of Label is Affixed to Product       Lithograph         3. Location of Net Contents Information       4. Size(s) Retail Container         3. Location of Net Contents Information       4. Size(s) Retail Container         Section IV       Container         Contact Point (Complete items directly below for id	4. Company/Product (Name)		• • •	PM#							
S. C. Johnson & Son, Inc.       my product is similar or identical in composition and labeling to:         1525 Howe St.       EPA Reg. No.         Racine, WI 53403       Product Name         Check if this is a new address       Section II         Amendment – Explain below.       Final printed tabels in response to Agency letter dated         Notification – Explain below.       Image in phone number in storage and disposal referral statement.       NOTIFICATION         Schon III       Section III       Attended tabels in response to Agency letter dated       Image in phone number in storage and disposal referral statement.       Reviewed By: Image in phone number in storage and disposal referral statement.         Image in phone number in storage and disposal referral statement.       Reviewed By: Image in phone number in storage and disposal referral statement.       Reviewed By: Image in phone number in storage and disposal referral statement.         Image in phone number in storage and disposal referral statement.       Reviewed By: Image in phone number in storage and disposal referral statement.       Reviewed By: Image in phone number in storage and disposal referral statement.         1. Material This Product Will Be Packageing WI container       No. Per Image in phone number in storage and disposal referral statement.       Reviewed By: Image in phone in the fore aging in phone number in storage and disposal referral statement.       Reviewed By: Image in phone in the fore aging in the container in the fore aging in phone in the container in the fore aging in phone in the fore aging	Raid Max Roach Sterililzer	Discs		BPPD							
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Section II         □ Amendment - Explain below.       □ Final printed fabels in response to Agency letter dated         □ 'Me Too' Application.       □ Other - Explain below.         ☑ Notification - Explain below.       □ Other - Explain below.         Explanation: Use additional page(s) if necessary. (For Section 1 and Section II.)       Date Reviewed By: Dotemative         Shange in phone number in storage and disposal referral statement.       Reviewed By: Dotemative         □ Yes       Section III         1. Material This Product Will Be Packaging       Unit Packaging with Section III         1. Material This Product Will Be Packaging       Water Soluble Packaging         □ Yes*       No         ③ No       Water Soluble Packaging         □ Yes*       No         ③ No       If Yes*         □ No       If Yes*         □ At a cord       Other (Specify)         3. Location of Net Contents Information       4. Size(s) Retail Container         0.0136 oz.       On Label         6. Manner in Which Label is Affixed to Product       Lithograph         □ Label       Container         Stenciled       Section IV         Contact Point (Complete items directly below for indentification of individual to be contacted, if necessary, to process this application         Name       Tit	•			Product	Name						
□ Amendment - Explain below.       □ Final printed labels in response to Agency letter dated         □ Motification - Explain below.       □ The Too" Application.       ■ Date Beyliew(P)       □ 19 03         Explanation: Use additional page(s) if necessary. (For Section I and Section II.)       > Date Beyliew(P)       □ 19 03         1. Material This Product Will Be Packaging       □ Unit Packaging       □ Water Soluble Packaging       2. Type of Container         □ Yes       □ Yes       □ No       □ No.       Period       Metal         2. No       □ OAS oz.,       No.       Period       Olass         a solution of Net Contents Information       4. Size(s) Retail Container       N/A       N/A       Date Ison of Label Directions         3. Location of Net Contents Information       4. Size(s) Retail Container       □ On Labeling accompanying product       0.0136 oz.         6. Manner in Which Label is Affixed to Product       □ Lithograph       □       Section IV       Container for identification of individual to be contacted, if mecessary, to process this application         Name       Title       S. Registration Specialist       6. Date Application         2. Signature       3. Title       S. Date       9/30/02	Check if this is a new addres	SS	an <sub>terr</sub> enne e ann	Sect	on !!		· · · · · · · · · · · · · · · · · · ·				
Section III         1. Material This Product Will Be Packaged In: Child-Resistant Packaging   Yes       On Packaging   Yes       Vater Soluble Packaging   Yes       2. Type of Container   Yes         No       No       No       Packaging west 0.045 oz.,       No. Per 0.045 oz.,       Paper Package west 0.045 oz.,       No. Per Package west N/A       Paper 0.0186 oz.       Paper 0.0136 oz.         3. Location of Net Contents Information       4. Size(s) Retail Container 0.0136 oz.       5. Location of Label Directions 0.0136 oz.       On Label 0.01 abeling accompanying product         6. Manner in Which Label is Affixed to Product       Lithograph Paper glued       If recessary, to process this application)         Name       Title Section IV       Telephone No. (Include Area Code) (262) 260-2405         1. certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowlingly false or misleading statements may be punishable by fine or imprisonment or both under applicable law.       3. Title Sr. Registration Specialist       6. Date Application Received (Stamped)         2. Signature       Stuart McArthur       3. Title Sr. Registration Specialist       6. Date Application Received         4. Typed Name       5. Date       9/30/02       4. Typed Name       5. Date	Resubmission X Notification – Explain below Explanation: Use additional	page(s) if nec	essary. (For	Too" App er – Expla Section I	lication. in below. and Section	 II.)	Date	NOTIF Beviev	ICA ved	1903	
Child-Resistant Packaging       Unit Packaging       Water Soluble Packaging       2. Type of Container         Mo       No       No       Metal         *Certification must       If "Yes"       No. Per       If "Yes"       No. Per         Unit Packaging wgt.       0.045 oz.,       No. Per       If "Yes"       No. Per         3. Location of Net Contents Information       4. Size(s) Retail Container       N/A       N/A       N/A         Stabel       Container       0.0136 oz.       On Label       On Label       On Label         6. Manner in Which Label is Affixed to Product       Lithograph       Paper glued       Stenciled         Stenciled       Stenciled       Certification of individual to be contacted, if necessary, to process this application)         Name       Title       Telephone No. (Include Area Code)       (Starmped)         Leatify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowlingly false or misleading statements may be punishable by fine or imprisonment or both under applicable law.       3. Title       6. Date         2. Signature       Stuart McArthur       9/30/02       3. Title       4. Typed Name				Secti	on III						
Image: Stand Structure       0.0136 oz.       On Label         On Labeling accompanying product       On Labeling accompanying product         6. Manner in Which Label is Affixed to Product       Image: Lithograph image: Paper glued image: Stenciled       Image: Paper glued image: Stenciled         Section IV       Section IV         . Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application)         Name       Title         Stuart McArthur       Sr. Registration Specialist         I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statements may be punishable by fine or imprisonment or both under applicable law.         2. Signature       3. Title         Stuart McArthur       S. Date         9/30/02       Image: Stuart McArthur	No     No       Certification must     If "Yes"       be submitted     Unit Packaging wgt.       0.045 oz.,     3			No     Image: Second state s				Plastic Glass Paper Other	Specif		
6. Manner in Which Label is Affixed to Product	X Label Container			🛛 On Lab					bel		
Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application)         Name       Title       Telephone No. (Include Area Code)         Stuart McArthur       Sr. Registration Specialist       (262) 260-2405         Certification         I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statements may be punishable by fine or imprisonment or both under applicable law.       6. Date Application Received (Stamped)         2. Signature       3. Title       Sr. Registration Specialist       6. Date Application Received (Stamped)         4. Typed Name       5. Date       9/30/02       4. Typed Name       5. Date			ct 🛛	Paper glu Stenciled	ed						
Name       Title       Telephone No. (Include Area Code)         Stuart McArthur       Sr. Registration Specialist       (262) 260-2405         I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statements may be punishable by fine or imprisonment or both under applicable law.       6. Date Application Received (Stamped)         2. Signature       3. Title       Sr. Registration Specialist       (Stamped)         4. Typed Name       5. Date       9/30/02	. Contact Point (Complete ite	ms directiv be	low for identifi			be conta	cted, if neo	essarv. to	proces	ss this application)	
Certification       6. Date Application         I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statements may be punishable by fine or imprisonment or both under applicable law.       6. Date Application Received (Stamped)         2. Signature       3. Title       (Stamped)         4. Typed Name       5. Date	Name Title			Telephone				ne No. (In	No. (Include Area Code)		
I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statements may be punishable by fine or imprisonment or both under applicable law.       Received (Stamped)         2. Signature       3. Title       Sr. Registration Specialist         4. Typed Name       5. Date         Stuart McArthur       9/30/02	Stuart McArthur										
Stual Welttlin       Sr. Registration Specialist         4. Typed Name       5. Date         Stuart McArthur       9/30/02	complete. I acknowledge that any i	nade on this fo mowingly false	rm and all attac						ceived		
Stuart McArthur 9/30/02	2. Signature Stuart MC	laten		stration Specialist							
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J J G Sohnson A FAMILY COMPANY

> S. C. Johnson & Son. Inc. 1525 Howe Street Racine, WI 53403-2236 262.260.2000

September 30, 2002

g St.

#### NOTIFICATION

U. S. Environmental Protection Agency Office of Pesticide Programs Document Processing Desk (Notification) Ariel Rios Building 1200 Pennsylvania Ave., NW Washington, D.C. 20460 ATTN: Ms. Joyce Edwards

Dear Ms. Edwards:

Re: Notification of Change in Phone Number Raid Max Sterilizer Discs, EPA Reg. No. 4822-400

The purpose of this notification is to correct the telephone number which is provided in the recently approved Storage and Disposal revisions to our registered labels, from 1-800-558-5252, to **1-800-529-3394**. Upon realizing such correction would be necessary, I contacted each of the PM teams involved in our various registrations, Anne Sibold of PM 10, Linda DeLouise of PM 15, Tom Harris, and Jim Downing of BPPD, to inquire as to the proper procedure, and all advised that this minor correction should be filed as a notification.

This notification is consistent with the provisions of PR Notice 98-10 and EPA regulations at 40 CFR 152.46, and no other changes have been made to the labeling or confidential statement of formula of this product. I understand that it is a violation of 18 U.S.C. Sec. 1001 to willfully make any false statement to EPA. I further understand that if this notification is not consistent with the terms of PR Notice 95-2 and 40 CFR 152.46, this product may be in violation of FIFRA and I may be subject to enforcement action and penalties under sections 12 and 14 of FIFRA.

If you have any questions concerning this submission please call me at 262-260-2405.

Thanks very much.

Sincerely,

StrauthCluter

Stuart McArthur Senior Registration Specialist S. C. Johnson & Son, Inc. Scmcarth@scj.com

Attachments

<Label 4822-400 Storage & Disposal – 2/14/02 ABN – 7/9/02 – "Raid Plus Egg Stoppers"

NOTIFICATION Date Reviewed: 1903 Reviewed By: Ubiancaliji

**Raid Max Roach Sterilizer Discs** House and Yard Line Raid Max Plus Egg Stoppers Raid Max Roach Sterilizer with Insect Growth Regulator Advanced Roach Defense System Odorless vapor penetrates to where bugs live. Odorless vapor penetrates to where bugs hide. Use with any (small) baits 3 sterilizers (Seeks out and) sterilizes roaches that don't eat the bait. Affects (sterilizes) roaches without direct contact with the sterilizer disc (station) (unit) Seeks out and sterilizes roaches Sterilizes roaches on contact Sterilizes roaches that come near the disc (station) (unit) Assures distribution (penetrates) to areas where roaches hide Sterilizes roaches where they hide and breed Works like no ordinary insecticide by preventing roach reproduction The most advanced roach control system currently available Does what no other roach control system can Effectively controls roach populations by preventing reproduction Prevents rebound of roach populations Effectively stops roach population rebound Breaks the roach life cycle Unique egg stop system Inhibits roaches' natural ability to reproduce Reduces roach populations in a way ordinary (conventional) (insecticides) (baits) (traps) can't No need to vacate premises (leave) during or after treatment Easy to use No clean-up necessary No sticky mess No (unpleasant) (insecticide) odor Continuous protection for 3 months (90 days) (12 weeks) Removes roaches' natural ability to reproduce Interrupts the life cycle of the roach Prevents roach reproduction NOTE TO REVIEWER: (If this product were to be sold in combination with EPA

registered roach baits, the following claims may be used:)

When used with (<u>brand name</u>) Roach Baits, it's a Unique 2-way (dual) approach to roach control--killing action (of the baits) plus control of roach reproduction (with the (name) (discs) (station))

When used with (<u>brand name</u>) Roach Baits, it's the most advanced roach control system available: killing action plus sterilization

When used with (<u>brand name</u>) Roach Baits, it's dual action roach control: Killing action plus sterilization

When used with (brand name) Roach Baits, it's 2-way roach control

When used with (brand name) Roach Baits, it kills and sterilizes

When used with (<u>brand name</u>) Roach Baits, it's the 1-2 punch for long lasting control Sterilizes roaches that don't eat the (<u>brand name</u>) roach bait (name) (disc) (station) (unit) prevent(s) survivors of the (<u>brand name</u>) roach bait from reinfesting your home.

Page 2 Seeks out roaches that don't visit the (<u>brand name</u>) bait station Effectively controls roaches that come to the (<u>brand name</u>) bait station, and the ones that don't Guaranteed to work (or your money back) (see back panel)

ACTIVE INGREDIENT:	
(S)-Hydroprene	.95%

KEEP OUT OF REACH OF CHILDREN CAUTION See back panel for additional precautionary statements Contains (number) (name) (units) (stations) (discs) Net Contents

**BACK PANEL** 

Roaches are (difficult) (tough) to control because they reproduce so (rapidly) (quickly)... one roach can lay 40 eggs at a time. (Name) (units) (discs) (stations) stop roaches from reproducing to break the roach life cycle. (One to two weeks after application, you will begin to see roaches with crinkled (twisted) wings, showing the initial effects of the (name) (units) (discs) (stations)). (The roaches with twisted or crinkled wings cannot reproduce.) (Because immature roaches are prevented from developing into reproductive adults, this product effectively breaks the life cycle.) Roaches do not have to come into direct contact with the (name) (station) (unit) (disc) to become affected--its (unique) (odorless) (vapor system) (vapor) seeks out roaches and affects them where they hide.

(When used in combination with EPA registered roach baits, the following claims may be used:)

The (name) (station) (unit) (device) controls cockroach populations over time. When used with (<u>brand name</u>) Baits, which deliver fast killing results, (its 2-way roach control) (its the 1-2 punch for (effective) (long lasting) roach control).

SATISFACTION GUARANTEED: If (name) does not provide effective roach control, call toll free 800,558-5252 weekdays 9:00 a.m. to 9:00 p.m. Eastern Time to arrange for a full refund.

DIRECTIONS FOR USE

It is a violation of Federal law to use this product in a manner inconsistent with its labeling.

1. Do not activate (disc) (name) (station) (unit) until ready to use. To activate, press down firmly on the pouch on the side of the (name) (disc) until a snapping sound is heard, indicating that the small capsule inside has been opened. NOTE: Do not activate until immediately before placement in room to be treated.

## Page 3

2. Place one (name) (station) (unit) (device) every 75 sq. ft. (e.g. 2 (name) (stations) (units) (devices) per average size kitchen). Placement under the sink and under the refrigerator is recommended or in other areas of high roach activity. Place 1 unit in the bathroom if roaches are frequently seen there. Do not place (name) (stations) (units) (discs) on food contact surfaces or in storage areas for dishes, utensils, or food. Do not place in areas accessible to children.

3. Replace all (name) (stations) (discs) (units) every 3 months for continued effectiveness (roach control) (performance).

Storage: Store in a cool area away from children.

Disposal: Before disposal, use the product up according to the label. Do not reuse this container.

If empty: Place in trash or offer for recycling if available.

If partially filled: Call your local solid waste agency or 1-800-**529-3394** for disposal instructions. Never place unused product down any indoor or outdoor drain.

### PRECAUTIONARY STATEMENTS

HAZARD TO HUMANS-CAUTION: Contact with material inside the (name) (unit(s)) (station(s)) (disc(s)) may cause eye irritation. Prolonged or frequently repeated contact may cause allergic reactions in some individuals. Wash with soap and water after contact.

### FIRST AID

If in eyes: Hold eye open and rinse slowly and gently with water for 15-20 minutes. Remove contact lenses, if present, after the first 5 minutes, then continue rinsing eye. Call a poison control center or doctor for treatment advice. Have the product container or label with you when calling a poison control center or doctor, or going for treatment.

Questions? Comments? Call 800-558-5252 weekdays, 9-9 Eastern Time or write Helen Johnson, Sold by: © 1993 S.C. Johnson & Son, Inc., Racine, WI 53403-2236 USA. Contains zIGRon™ Insect Growth Regulator -a registered trademark of Sandoz Ltd. U.S. Patent(s) # (Other patent(s) pending))

EPA Reg. No. 4822-400 EPA Est. No. XXXXX-XX-XXX

(Visual) To activate (name), press firmly on pouch until snapping sound is heard. (Roaches that come near the (name) (unit) (disc) (station)s odorless vapor(s) become unable to reproduce.)

(Visual) Place under sink, under refrigerator, and in other areas of high roach activity.

Page 4

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STATION LABEL

# Raid Max Roach Sterilizer Discs

KEEP OUT OF REACH OF CHILDREN CAUTION See outer package for complete directions and precautionary statements

Questions? Comments? Call 800-558-5252 weekdays, 9-9 Eastern Time or write Helen Johnson, Sold by:© 1993 S.C. Johnson & Son, Inc., Racine, WI 53403-2236 USA.

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EPA Reg. No. 4822-400 EPA Est. No. XXXXX-XX-XXX

Net Contents:

This Side Down

Date \_\_/\_\_/\_\_ Replace 3 months after placement.

