

72155-49 12-31-2008

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UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
WASHINGTON, D.C. 20460

OFFICE OF  
PREVENTION, PESTICIDES AND  
TOXIC SUBSTANCES

DEC 31 2008

Charles W. Boyd  
Registrations Manager  
Bayer Advanced  
2 T. W. Alexander Drive  
Research Triangle Park, NC 27709

Subject: Label Notification(s) for Pesticide Registration Notices 2007-4 and 2008-1

Dear Mr. Boyd:

The Agency is in receipt of your Application(s) for Pesticide Notification under Pesticide Registration Notice (PRN) 2007-4 and 2008-1 dated November 24, 2008 for:

|                                  |                                                                            |
|----------------------------------|----------------------------------------------------------------------------|
| <b>EPA Registration 72155-31</b> | <b>0.15% Imidacloprid + 0.05% beta-cyfluthrin<br/>Granular Insecticide</b> |
| <b>EPA Registration 72155-68</b> | <b>Imidacloprid CTG Insecticide</b>                                        |
| <b>EPA Registration 72155-72</b> | <b>Merit 1.1% Insecticide Plus Fertilizer</b>                              |
| <b>EPA Registration 72155-49</b> | <b>Flower, Rose &amp; Shrub Care</b>                                       |

The Registration Division (RD) has conducted a review of this request for applicability under PR Notice 2007-4 and 2008-1 and finds that the label changes requested falls within the scope of PR Notice 2007-4 and 2008-1. The label has been date-stamped "Notification" and will be placed in our records.

Please be reminded that 40 CFR Part 156.140(a)(4) requires that a batch code, lot number, or other code identifying the batch of the pesticide distributed and sold be placed on nonrefillable containers. The code may appear either on the label (and can be added by non-notification/PR Notice 98-10) or durably marked on the container itself.

If you have any questions, please contact me directly at 703-305-6249 or Nicole Williams of my staff at 703-308-5551.

Sincerely,

Linda Arrington  
Notifications & Minor Formulations Team Leader  
Registration Division (7505P)  
Office of Pesticide Programs



Please read instructions on reverse before completing form.

Form Approved. OMB No. 2070-0060

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|  |                                                                                 |                                                                                                                          |                       |
|--|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-----------------------|
|  | United States<br><b>Environmental Protection Agency</b><br>Washington, DC 20460 | <input type="checkbox"/> Registration<br><input type="checkbox"/> Amendment<br><input checked="" type="checkbox"/> Other | OPP Identifier Number |
|--|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-----------------------|

**Application for Pesticide - Section I**

|                                                                                                                                                                                                           |                                                 |                                                                                                                                                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1. Company/Product Number</b><br>72155-49                                                                                                                                                              | <b>2. EPA Product Manager</b><br>Kimberly Nesci | <b>3. Proposed Classification</b><br><input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted                                                                                                                         |
| <b>4. Company/Product (Name)</b><br>Flower, Rose & Shrub Care                                                                                                                                             | <b>PM#</b><br>11                                |                                                                                                                                                                                                                                           |
| <b>5. Name and Address of Applicant (Include ZIP Code)</b><br>Bayer Advanced<br>2 T.W. Alexander Drive<br>Research Triangle Park, NC 27709<br><br><input type="checkbox"/> Check if this is a new address |                                                 | <b>6. Expedited Review.</b> In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to:<br><b>NOTIFICATION</b><br>EPA Reg. No. _____ <b>DEC 31 2008</b><br><br>Product Name _____ |

**Section - II**

|                                                                                |                                                                                        |
|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| <input type="checkbox"/> Amendment - Explain below.                            | <input type="checkbox"/> Final printed labels in response to Agency letter dated _____ |
| <input type="checkbox"/> Resubmission in response to Agency letter dated _____ | <input type="checkbox"/> "Me Too" Application.                                         |
| <input checked="" type="checkbox"/> Notification - Explain below.              | <input type="checkbox"/> Other - Explain below.                                        |

**Explanation:** Use additional page(s) if necessary. (For section I and Section II.)  
See Attached

**Section - III**

|                                                                                                                                                                            |                                                                                                 |                                                                                                          |                                                       |                                                                    |                                                                                                                                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1. Material This Product Will Be Packaged In:</b>                                                                                                                       |                                                                                                 |                                                                                                          |                                                       | <b>2. Type of Container</b>                                        |                                                                                                                                                                                                     |
| <b>Child-Resistant Packaging</b><br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                 | <b>Unit Packaging</b><br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | <b>Water Soluble Packaging</b><br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                                       |                                                                    | <input type="checkbox"/> Metal<br><input checked="" type="checkbox"/> Plastic<br><input type="checkbox"/> Glass<br><input type="checkbox"/> Paper<br><input type="checkbox"/> Other (Specify) _____ |
| * Certification must be submitted                                                                                                                                          |                                                                                                 | If "Yes" Unit Packaging wgt.                                                                             | No. per container                                     | If "Yes" Package wgt                                               | No. per container                                                                                                                                                                                   |
| <b>3. Location of Net Contents Information</b><br><input checked="" type="checkbox"/> Label <input type="checkbox"/> Container                                             |                                                                                                 | <b>4. Size(s) Retail Container</b><br>4,5,8, and 10 pounds                                               |                                                       | <b>5. Location of Label Directions</b><br><input type="checkbox"/> |                                                                                                                                                                                                     |
| <b>6. Manner in Which Label is Affixed to Product</b><br><input type="checkbox"/> Lithograph<br><input type="checkbox"/> Paper glued<br><input type="checkbox"/> Stenciled |                                                                                                 |                                                                                                          | <input checked="" type="checkbox"/> Other Integ Label |                                                                    |                                                                                                                                                                                                     |

**Section - IV**

|                                                                                                                                                                                                                                                                                    |                                          |                                                                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)</b>                                                                                                                               |                                          |                                                                                           |
| <b>Name</b><br>Charles W. Boyd                                                                                                                                                                                                                                                     | <b>Title</b><br>Registrations Manager    | <b>Telephone No: (Include Area Code)</b><br>(919) 549-2422                                |
| <b>Certification</b><br>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 statement may be punishable by fine or imprisonment or both under applicable law. |                                          | <b>6. Date Application Received (Stamped)</b><br><br><br><br><br><br><br><br><br><br><br> |
| <b>2. Signature</b><br>                                                                                                                                                                                                                                                            | <b>3. Title</b><br>Registrations Manager |                                                                                           |
| <b>4. Typed Name</b><br>Charles W. Boyd                                                                                                                                                                                                                                            | <b>5. Date</b><br>November 24, 2008      |                                                                                           |

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**Section II - Explanation**

Bayer Advanced is submitting a **Notification** to add the text prescribed by PR Notice 2007-4 and 2008-1 to the label for the above-mentioned product:

In the disposal section, we have added the statement "Non-refillable container." Also we have added "refill or" to the statement Do not refill or reuse empty container.

We have also added the following statement "To protect the environment, do not allow pesticide to enter or run off into storm drains, drainage ditches, gutters or surface waters. Applying this product in calm weather when rain is not predicted for the next 24 hours, will help to ensure that wind or rain does not blow or wash pesticide off the treatment area. Sweeping any product that lands on a driveway, sidewalk, or street, back onto the treated area of the lawn or garden will help to prevent run off to water bodies or drainage systems."

Enclosed is one copy of the label with the changes highlighted.

Notification of label changes per PR Notice 2007-4, and PR Notice 2008-1. This notification is consistent with the guidance of PR Notice 2007-4, 2008-1 and EPA regulations at 40 CFR § 156.10, 156.80, 156.140, 156.144, 156.146, 156.156, and 152.46. No other changes have been made to the labeling or the 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 2007-4, 2008-1 and 40 CFR § 156.10, 156.80, 156.140, 156.144, 156.146, 156.156, and 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.

**NOTIFICATION**  
**DEC 31 2008**

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.....

[FRONT PANEL]

# Flower, Rose & Shrub Care

READY TO USE

MEASURING-CUP CAP

FEEDS PLANTS & KILLS INSECTS

- Protects Against Insects for 6 weeks
- Provides 6 weeks insect protection
- Kills Lacebugs, Spider Mites and Other Harmful Insects
- Kills Harmful Insects and Spider Mites
- Promotes Development of Roots and Blooms
- Rainproof Protection - Won't Wash Off
- Feeds and protects (against insects) in one (easy) step.
- One application protects for 6 weeks.
- Controls Aphids, Thrips, Whiteflies and Other Insects.
- 100% Satisfaction Guaranteed (or your money back)

**NOTIFICATION**

**DEC 31 2008**

FOR OUTDOOR USE ON:

- Azaleas, Camellias and Rhododendrons
- Flowering Shrubs, Trees
- Flowers, Roses, Shrubs
- Two-Way Protection
- Promotes Beautiful Roses, Shrubs and Flowers
- Double Action Formula
- Flower, Rose & Shrub Care's exclusive formula protects your plants against insects for up to six weeks and feeds them. Now you can grow beautiful flowers and shrubs in one easy step.
- Contains Di-Syston®
- Flower Rose & Shrub Care's exclusive formula feeds and protects your plants against insects. The insect protection lasts for 6 weeks. Now you can grow beautiful flowers and shrubs in one easy step.

When applied according to directions, Flower, Rose & Shrub Care provides the proper amount of plant food and systemic insecticide necessary to maintain strong, healthy roses. Flower, Rose & Shrub Care protects roses from the damage normally caused by sucking insects (such as aphids, leafhoppers, spider mites and thrips) and certain chewing insects. In addition, Flower, Rose & Shrub Care also provides protection for:

- roses
- flowers
- bedding plants
- ornamental shrubs

**ACTIVE INGREDIENT:**

Disulfoton ..... 1.00%

**OTHER INGREDIENTS** ..... 99.00%

Net Contents: 4, 5, 10, and 8 Pounds

**STOP - Read This Label Before Use  
KEEP OUT OF REACH OF CHILDREN  
For Outdoor Residential Use Only**

## **WARNING**

See back panel booklet for additional precautionary statements

[OUTSIDE BACK PANEL]

| <b>QUICK FACTS (Product Facts)</b>                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                           |                 |                  |                 |        |                  |          |                |            |                  |             |              |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-----------------|--------|------------------|----------|----------------|------------|------------------|-------------|--------------|--|
| <ul style="list-style-type: none"> <li>• Feeds and protects in one easy step</li> <li>• Long-lasting, systemic protection that won't wash off</li> <li>• Easy to use granules</li> </ul> |                                                                                                                                                                                                                                                                                                                                                                                           |                 |                  |                 |        |                  |          |                |            |                  |             |              |  |
| <b>KILLS</b>                                                                                                                                                                             | <p>Art: aphid, birch leafminer, spider mite, whitefly, lacebug</p> <table border="0"> <tr> <td>Aphids</td> <td>Holly leafminers</td> <td>Mimosa webworms</td> <td>Thrips</td> </tr> <tr> <td>Birch leafminers</td> <td>Lacebugs</td> <td>Pine tip moths</td> <td>Whiteflies</td> </tr> <tr> <td>Elm leaf beetles</td> <td>Leafhoppers</td> <td>Spider mites</td> <td></td> </tr> </table> | Aphids          | Holly leafminers | Mimosa webworms | Thrips | Birch leafminers | Lacebugs | Pine tip moths | Whiteflies | Elm leaf beetles | Leafhoppers | Spider mites |  |
| Aphids                                                                                                                                                                                   | Holly leafminers                                                                                                                                                                                                                                                                                                                                                                          | Mimosa webworms | Thrips           |                 |        |                  |          |                |            |                  |             |              |  |
| Birch leafminers                                                                                                                                                                         | Lacebugs                                                                                                                                                                                                                                                                                                                                                                                  | Pine tip moths  | Whiteflies       |                 |        |                  |          |                |            |                  |             |              |  |
| Elm leaf beetles                                                                                                                                                                         | Leafhoppers                                                                                                                                                                                                                                                                                                                                                                               | Spider mites    |                  |                 |        |                  |          |                |            |                  |             |              |  |
| <b>FEEDS</b>                                                                                                                                                                             | <p>16-8-8 fertilizer for strong roots &amp; blooms (optional)<br/>           12-18-6 fertilizer for strong roots &amp; blooms (optional)</p>                                                                                                                                                                                                                                              |                 |                  |                 |        |                  |          |                |            |                  |             |              |  |
| <b>COVERAGE</b>                                                                                                                                                                          | <p>Treats up to 16 medium-sized shrubs (2 lb size)<br/>           Treats up to 40 medium-sized roses (5 lb size)</p>                                                                                                                                                                                                                                                                      |                 |                  |                 |        |                  |          |                |            |                  |             |              |  |
| <b>WHERE TO USE</b>                                                                                                                                                                      | <p>Azaleas, Camellias, Rhododendrons (optional)<br/>           Flowers, roses, shrubs (optional)</p>                                                                                                                                                                                                                                                                                      |                 |                  |                 |        |                  |          |                |            |                  |             |              |  |
| <b>WHEN TO USE</b>                                                                                                                                                                       | <p>Every 6 weeks throughout the growing season</p>                                                                                                                                                                                                                                                                                                                                        |                 |                  |                 |        |                  |          |                |            |                  |             |              |  |
| <b>HOW MUCH TO USE</b>                                                                                                                                                                   | <p>Use measuring-cup cap to apply as directed</p>                                                                                                                                                                                                                                                                                                                                         |                 |                  |                 |        |                  |          |                |            |                  |             |              |  |
|                                                                                                                                                                                          | <p>For Questions or comments, call toll-free<br/>           1-877-BAYERAG (877) 229-3724</p>                                                                                                                                                                                                                                                                                              |                 |                  |                 |        |                  |          |                |            |                  |             |              |  |

|                                 |          |
|---------------------------------|----------|
| <b>ACTIVE INGREDIENT:</b>       |          |
| Disulfoton .....                | 1.00 %   |
| <b>OTHER INGREDIENTS:</b> ..... | 99.00 %  |
|                                 | 100.00 % |

Disulfoton is the chemical name for Di-Syston®

EPA Reg. No. 72155-49

EPA Est. No. XXXX-AA-1

**Flower, Rose & Shrub Care Plant Food Minimum Guaranteed Analysis**

|                                                         |     |
|---------------------------------------------------------|-----|
| Total Nitrogen (N) .....                                | XX% |
| Available Phosphoric Acid (P2O5) .....                  | XX% |
| Soluble Potash (K2O) .....                              | XX% |
| Total Available Primary Plant Food, not less than ..... | XX% |

| <b>PRECAUTIONARY STATEMENTS</b>                                                                                                                                                                                                                                                                                                                                       |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Hazards to Humans and Domestic Animals</b>                                                                                                                                                                                                                                                                                                                         |  |
| <b>WARNING</b>                                                                                                                                                                                                                                                                                                                                                        |  |
| <ul style="list-style-type: none"> <li>• May be fatal if swallowed.</li> <li>• Causes moderate eye irritation.</li> <li>• Avoid contact with eyes or clothing.</li> <li>• Wash hands with soap and water before eating, drinking, chewing gum, using tobacco, or using the toilet.</li> <li>• Remove contaminated clothing and wash clothing before reuse.</li> </ul> |  |

### FIRST AID

|                     |                                                                                                                                                                                                                                                                                                                                                      |
|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>IF SWALLOWED</b> | <ul style="list-style-type: none"> <li>• Call poison center or doctor immediately for treatment advice.</li> <li>• Have person sip a glass of water if able to swallow.</li> <li>• Do not induce vomiting unless told to do so by the poison control center or doctor.</li> <li>• Do not give anything by mouth to an unconscious person.</li> </ul> |
| <b>IF IN EYES</b>   | <ul style="list-style-type: none"> <li>• Hold eye open and rinse slowly and gently with water for 15-20 minutes.</li> <li>• Remove contact lenses, if present, after the first 5 minutes, then continue rinsing eye.</li> <li>• Call a poison control center or doctor for treatment advice.</li> </ul>                                              |

**NOTE:** When calling poison control center, have this product label accessible. If seeking treatment at an emergency room or doctor's office, bring this product label to show medical personnel. You may call toll-free (877) 229-3763 for medical emergency information. Active ingredient: Disulfoton [CAS # 298-04-4]

**Note to Physician:** Disulfoton is an organophosphate that inhibits cholinesterase resulting in stimulation of the central nervous system, the parasympathetic nervous system, and the somatic motor nerves. Symptoms include a sense of "tightness" in the chest, sweating, contracted pupils, stomach pains, vomiting and diarrhea. Atropine sulfate is antidotal. Repeat as necessary to the point of tolerance. 2-PAM is also antidotal and may be administered, but only in conjunction with atropine. Do not give morphine.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Environmental Hazards</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| <ul style="list-style-type: none"> <li>• This pesticide is extremely toxic to birds, mammals, fish and aquatic invertebrates. To protect the environment, do not allow pesticide to enter or run off into storm drains, drainage ditches, gutters or surface waters. Applying this product in calm weather when rain is not predicted for the next 24 hours will help to ensure that wind or rain does not blow or wash pesticide off the treatment area. Sweeping any product that lands on a driveway, sidewalk, or street, back onto the treated area of the lawn or garden will help to prevent run off to water bodies or drainage systems.</li> </ul> |  |

### DIRECTIONS FOR USE

It is a violation of Federal law to use this product in a manner inconsistent with its labeling.  
Be sure to read and follow all label directions. For outdoor ornamental use only.

|                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>BEFORE YOU USE</b><br>Read and follow these directions when using: | <ul style="list-style-type: none"> <li>• Do not apply near fish pools, ponds, streams or lakes.</li> <li>• Apply only using the special measuring cap. Do not use spoons or other measuring devices.</li> <li>• Do not use this product in combination with fish and animal derived fertilizers, such as blood meal, bone meal, and fish fertilizers.</li> <li>• Do not apply this product in a way that will contact any person or pet, either directly or through drift. Only persons applying this product may be in the area during application.</li> <li>• Product must be soil incorporated and watered in.</li> <li>• Do not allow people (except the one applying and watering-in the product) or pets to enter the treated area until the product is worked into the soil, watered in, and the treated areas have dried completely.</li> <li>• Wear rubber gloves when handling.</li> </ul> |  |
|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|


**WHEN TO USE**  
Apply when planting. For established plants, use any time after new growth appears. Apply again every 6 weeks during the growing season.

|                                                                                                            |                                      |                                          |
|------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------------|
| <b>HOW MUCH TO USE</b><br><b>For 2 and 5 lb. size</b><br>Fill measuring cap to top of inner circle (2 oz.) | Azaleas, Camellias, & Rhododendrons: | 2 capfuls per foot of plant height       |
|                                                                                                            | Roses:                               | 1 capful per plant                       |
|                                                                                                            | Shrubs:                              | 2 capfuls per foot of plant height       |
|                                                                                                            | Flower beds:                         | 2 capfuls per 12 sq ft (3' x4' bed area) |
| <b>For 10 and 12 lb. size</b><br>Fill measuring cap to top of inner circle (1oz.)                          | Azaleas, Camellias, & Rhododendrons: | 4 capfuls per foot of plant height       |
|                                                                                                            | Roses:                               | 2 capful per plant                       |
|                                                                                                            | Shrubs:                              | 4 capfuls per foot of plant height       |
|                                                                                                            | Flower beds:                         | 4 capfuls per 12 sq ft (3' x4' bed area) |

|                     |                                                                                                                                                                                                                                                                                                                                     |
|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>HOW TO APPLY</b> | 1. Apply granules to soil around base of plant, sprinkling evenly in the area under the branches. (ART)<br>2. Work granules into top 1 to 2 inches of soil. (ART)<br>3. Water thoroughly after applying. (ART)<br>For flower beds, sprinkle granules evenly over the bed, cultivate lightly into the soil, and water in thoroughly. |
| <b>RESTRICTIONS</b> | Use this product only in accordance with label directions <ul style="list-style-type: none"> <li>Do not apply using body mounted spreaders (i.e. belly grinders)</li> <li>Do not apply broadcast applications</li> <li>Do not apply in greenhouses or on home vegetable gardens.</li> </ul>                                         |
| <b>HOW IT WORKS</b> | This product is absorbed by roots and moves through the entire plant. Even new growth is protected against insects for up to 6 weeks. Rain or watering cannot wash off this internal protection.                                                                                                                                    |

**IMPORTANT**

Apply evenly, cultivate lightly and water thoroughly.

|                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>IMPORTANT: Directions for Storage and Disposal</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Storage Conditions:                                   | Store in original container in a cool, dry place, out of the reach of children, preferably a locked storage cabinet.                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Disposal:                                             |  <p><b>If Empty:</b></p> <ul style="list-style-type: none"> <li>Non-refillable container. Do not refill or reuse this container.</li> <li>Place empty container in trash or offer for recycling if available.</li> </ul> <p><b>If partly filled:</b></p> <ul style="list-style-type: none"> <li>Call your local solid waste agency or toll-free 877-229-3724 for disposal instructions.</li> <li>Never place unused product down any indoor or outdoor drain.</li> </ul> |

**NOTICE**

Research and testing have determined that the "Directions for Use" are appropriate for the proper use of Flower, Rose & Shrub Care under expected conditions.

To the extent permitted by applicable law, the Buyer assumes responsibility for lack of performance or safety if the product is not used according to the directions on this label.

Money Back Guarantee: If you are not satisfied with this product, we will gladly refund your original purchase price.



A Business Unit of Bayer CropScience LP  
 P.O. Box 12014, 2 T.W. Alexander Drive  
 Research Triangle Park, North Carolina 27709

Flower, Rose & Shrub Care (MASTER) Approved 02/19/08, Notification 11/18/08