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August 25, 2016

Dear Participant:

You are receiving this letter because you participated in the Medical Monitoring Program associated with the settlement of the *Bibb v. Monsanto* matter, civil action no. 04-C-465.

Our office has heard concerns over the complicated nature of the dioxin report many received. Your feedback prompted me to reach out to AXYS, the lab responsible for generating the report, to provide some useful information for you in reading your results. Unfortunately, the kind of analysis performed for this testing is by nature very complex and contains terminology specific to the field. With this in mind, please allow the following to attempt to condense and clarify the material provided by AXYS.

The term 'dioxin' refers to a class of chemicals which are present to some degree in our environment and occur normally in humans, animals, and plants in small amounts. For the purpose of this settlement, your dioxin level was measured to determine if the degree of dioxin present qualified as a "triggering event" under the terms of the Medical Monitoring Class Settlement Agreement. If the results reveal a level of dioxin above what is considered normal, then the medical monitoring period would be adjusted to allow you to participate in the next screening sooner. The attached exhibit describes in more detail how a triggering event is determined.

The report you received from AXYS provided results for you based on seven different chemical structures for dioxin, referred to as congeners, which are normally measured in humans. These seven congeners are identified in the lower section of your report, beginning with 2,3,7,8-TCDD and ending with OCDD. Each of these congeners have specific toxicity concerns referred to as Toxic Equivalency Factors, or TEFs. The United States Environmental Protection Agency describes TEFs as the agreed estimate of the relative toxicity of a chemical and provides a standard for measuring and comparing toxicity. For instance, the congener 2,3,7,8-TCDD is considered most toxic and has an assigned TEF of 1, while OCDD is considered less toxic at TEF 0.0003.

AXYS measured the amount of each of these seven congeners present in the blood sample you provided. The measurement used is shown on your report as "pg/g (lipid weight basis)" which stands for picograms per gram of lipid in serum derived from your blood sample. The "picograms per gram" measurement from your sample was multiplied by that congener's TEF to arrive at the toxic equivalency, or TEQ as shown on your report.

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A toxic equivalency value was provided for each of the seven congeners analyzed for you and these values can be seen under the "toxic equivalency" column of your report. The individual TEQ values are combined to provide you with a total toxicity value. It is this total value which is most relevant in reviewing your results and is shown on your report as the sum of the values in the "toxic equivalency" column.

Your combined TEQ value is then compared to the national average as established by the CDC National Health and Nutrition Examination Survey of 2001-2002. The CDC groups these averages as follows:

Age 20-39	22.40 TEQ pg/g lipid weight
Age 40-59	37.50 TEQ pg/g lipid weight
Age 60 and older	66.20 TEQ pg/g lipid weight

Age is defined as age at the time of sample collection

When compared to these figures, your total TEQ value will indicate whether your TEQ result is above the 95th percentile, or national average, for your age group as shown above.

I hope this explanation proves useful to you and your private physician while interpreting your dioxin results. It is important to note, however, the purpose of this analysis as prescribed in the Medical Monitoring Class Settlement Agreement is to determine the frequency in which to conduct medical monitoring screenings; as such, the analysis performed and the resulting reports are not designed to function as a diagnostic tool and so are not similar to medically diagnostic testing. You may choose to speak with your private physician regarding the medical implications of your dioxin results.

If you have any questions, please do not hesitate to call.

Sincerely,

Thomas V. Flaherty

Enclosures: MMCSA triggering event exhibit

EXHIBIT D

SERUM DIOXIN TEST PROTOCOL

1. Purpose: Serum dioxin testing will be performed for eligible class members. The purpose is not diagnostic in nature but rather to determine whether a Triggering Event as defined in Section 6 below has occurred.

2. Age: Serum dioxin testing will be available for eligible class members aged 20 years and older.

3. Amount of serum required: Between 15 and 20 grams (milliliters) of serum (4-5 vials of whole blood) will be drawn from each participant.

4. Analysis of serum:

4.1 The serum samples will be placed in vials and shipping containers provided by AXYS Analytical Services Ltd., 2045 Mills Road, Sidney, BC, Canada V8L 5X2 (the "Laboratory").

4.2 Analysis of serum for dioxin will be performed by the Laboratory.

4.3 The congeners to be analyzed will be the seven (7) dioxin congeners for which there is a corresponding Toxic Equivalent Factor ("TEF").

4.4 With respect to each congener, all non-detects and Estimated Maximum Possible Concentrations ("EMPC") will be calculated as equal to the limit of detection divided by the square root of 2 (two).

4.5 The Laboratory will provide and follow protocols that are consistent with industry standards, including QA/QC standards.

5. Results of Serum Analysis:

5.1 The Laboratory will calculate dioxin Toxic Equivalent ("TEQ") using all analyzed dioxin congeners (as specified in Section 4.3 above) reportable under EPA Method 1613B, and using the 2005 TEFs established by the World Health Organization ("WHO").

5.2 The Laboratory will provide a full data package with respect to each of its analyses to the Hospital which will advise each participant whether his/her results fall within the background range of dioxin TEQ as defined in Section 6 below.

5.3 The Laboratory also will provide a full data package to an analytical scientist to be designated by Defendants for purposes of data validation and to determine if a Triggering Event as defined in Section 6 below has occurred.

5.4 The Laboratory will provide said data packages within twelve weeks of receipt of the serum samples.

5.5 The serum samples will be sent by the Medical Monitoring Program Administrator to the Laboratory in groups of 100 if feasible but not less than 20.

6. Calculation of a Triggering Event: A "Triggering Event" as used in the MMCSA will be calculated as follows:

6.1 Each participant's TEQ will be calculated as set forth in Sections 4 and 5 above and compared to the background range of dioxin TEQs for the age category applicable to each participant as defined in Section 6.2 below.

6.2 Background Range is defined as the Upper Confidence Limit of the 95th percentile of dioxin congeners established by the NHANES Survey and as published in Chemosphere 73 (2008), S261-S277 (Table 8). Specifically, background TEQ is defined as levels at or below (1) 22.4 pg/g for participants aged 20-39 at the time the serum sample is

drawn, (2) 37.5 pg/g for participants aged 40-59 at the time the serum sample is drawn, and (3) 66.2 pg/g for participants aged 60 and older at the time the serum sample is drawn

6.3 A Triggering Event will occur when greater than 25 percent of the p[ar]ticipants sampled have dioxin TEQs greater than background as defined in Section 6.2 above. However, in order to account for statistical chance and error, at least 100 participants' serum samples must be drawn and be capable of analysis following the procedures set forth in Sections 4 and 5, during any monitoring period for a Triggering Event to occur.

6.4 The determination of whether a Triggering Event has occurred will be made jointly by the Laboratory, the Medical Monitoring Program Administrator, the Class analytical scientist designee, and the Defendants' analytical scientist designee. Should there be disagreement among the Laboratory, The Medical Monitoring Program Administrator, and Defendants' analytical scientist designee as to whether a Triggering Event has occurred, the Medical Monitoring Program Administrator will so notify in writing Defendants' counsel, who will so notify the Court, which will decide whether a Triggering Event has occurred.

6.5 The analytical scientist designees of the Class and the Defendants shall be compensated from the Fund for a reasonable fee (including expenses) not to exceed $5000 each per Screening Period. Additionally, each analytical scientist designee must execute a Confidentiality Agreement which will, inter alia, prohibit the publication or other use of data derived from the Program's serum dioxin screening except as provided for in the MMCSA.