Product Tracking #: _____

Supplement to FORM 3 – Product Group Details

The table below has been provided *only* for those companies that have grouped products together for the purposes of this survey (see FORM 3, Item 4).

1. Copy the following from FORM 3:

- Company Name:_____
- Full product name representing this *product group*:_____
- Product Tracking #: *place in box, upper right corner of this page.*

2. Complete the following columns according to the method used to group the products (by color, *fragrance*, botanical/herbal extract, and/or size), which is also indicated by checking the attribute box(es) on FORM 3. Submit one completed copy of this page for each FORM 3 that represents a *product group.*

Individual Product Name	**Color** (if applicable)	**Fragrance/ Botanical or herbal extract** (if applicable)	**Size and units** (if applicable)
More products to list? Photocopy this page as needed.			