

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FIFRA-07-2006-0279

ADM Alliance Nutrition, Inc.
1000 North 30th Street
P.O. Box C1
Quincy, Illinois 62305-3115

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Stella

Agent

Addressee

B. Received by (Printed Name)

Stella

C. Date of Delivery

11-6-06

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

7004 2510 0006 9719 7992