

**U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT**

*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

7005 1160 0004 4818 9444

Postage \$		Postmark
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage &amp; Fees</b> \$		
Sent To C. T. Corporation System Registered Agent for ADM Alliance Nutrition, Inc. 120 South Central Avenue Clayton, MO 63105		
Street, Apt. No., or PO Box No.		
City, State, ZIP+4		
PS Form 3800, June 2002		See Reverse for Instructions

**BENDER: 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:

C. T. Corporation System  
Registered Agent for  
ADM Alliance Nutrition, Inc.  
120 South Central Avenue  
Clayton, MO 63105

2. Article Number  
*(Transfer from service label)*

7005 1160 0004 4818 9444

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by *(Printed Name)* C. Date of Delivery  
 [Signature] 10-02-06

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