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CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE

7005 1820 0005 4855 7957

Postage	\$	1/24/08 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Fee		
Send To:	Dennis Moen, Plant Manager Cereal Food Processors, Inc. 220 West 30 th Street Ogden, UT 84401	
Street Address or PO Box		
City, State		
DOCKET NO.: CAA-08-2008-0006		

PS Form 3806, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>x Mike Moen</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery</p> <p><i>Mike Moen 1/25</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to: JAN 25 2008 A</p> <p>Dennis Moen, Plant Manager Cereal Food Processors, Inc. 220 West 30th Street Ogden, UT 84401</p> <p>DOCKET NO.: CAA-08-2008-0006</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article (Name) 7005 1820 0005 4855 7957</p>	<p>CAIED</p>